

# Camden County

---

## 2018 Community Health Needs Assessment



ALBEMARLE REGIONAL HEALTH SERVICES  
Partners in Public Health

Dear Community Member,

Pasquotank  
Perquimans

Your partnership in the Community Health Needs Assessment process is important to the health of our residents. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vident Bertie Hospital, Vident Chowan Hospital, Vidant Roanoke Chowan Hospital, and numerous other community partners continue to work together to provide this comprehensive report which illustrates the health status, health needs and improvements, as well as health resources in our communities. This document represents much time and effort by local health department staff, hospital staff, Healthy Carolinians members, and community members like you.

Camden  
Chowan  
Currituck

The rural landscape of our counties and the diversity of our population continue to make the Albemarle region an exciting place to live, work, and play. These factors also provide challenges in our systems of service delivery which drive the need for a continuum of programs. The Community Health Needs Assessment allows us the opportunity to analyze and prioritize our community's needs and strengths based on vital feedback from citizens of all eight counties.

Bertie  
Gates  
Hertford

The priority health rankings selection process identified strategies that can be implemented to target needs that were identified in the 2018 Community Health Needs Assessment. These priorities can help to create increased opportunities for healthier outcomes in our communities. Existing relationships will continue to be nurtured and strengthened as we join together to identify new partners to innovatively address the needs of our community.

Thank you for your continued interest in the health of our communities.

Sincerely yours,

R. Battle Betts, Jr., MPA  
Health Director  
Albemarle Regional Health Services



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## Acknowledgements

This report is the culmination of significant work led by Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health, in conjunction with key stakeholders from the community.

Support of this document was also provided by many other entities. Albemarle Regional Health Services, Sentara Albemarle Medical Center, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Roanoke Chowan Hospital, and Vidant Health greatly appreciate the help of our vital community stakeholders.

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## Executive Summary

Albemarle Regional Health Services and community partners are pleased to present the 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Camden County.

### Service Area

The service area for this report is defined as the geographical boundary of Camden County, North Carolina. Camden County is located in the northeastern corner of the state and has a total area of 310 square miles, of which 241 square miles is land and 70 square miles is water (22%).

## Methods for Identifying Community Health Needs

### Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix A for a full list of data sources used.

Indicator values for Camden County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020. The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (4) focus group discussions. Over targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix A.

### Primary Data

Almost 200 Camden County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix B for all primary data collection tools used in this assessment.

## Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Camden County and are displayed in Table 1.

**Table 1. Significant Health Needs**

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Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke
Mental Health & Mental Disorders
Substance Abuse
Transportation

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## **Selected Priority Areas**

The prioritization process identified three focus areas: (1) Healthy Lifestyle Behaviors (2) Access to Healthcare and (3) Mental Health/Substance Misuse.

## **Conclusion**

This report describes the process and findings of a comprehensive health needs assessment for the residents of Camden County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Camden County. Following this process, Albemarle Regional Health Services and community partners will outline how they plan to address the prioritized health needs in their community improvement plans.

## Introduction

Albemarle Regional Health Services and community partners are pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Camden County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Camden County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2018 Community Health Needs Assessment was developed through a partnership between Albemarle Regional Health Services, Sentara Albemarle Medical Center, Health ENC and Conduent Healthy Communities Institute, with The Duke Endowment serving as the fiscal sponsor.

## About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to

address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

## **Member Organizations**

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

### *Partner Organizations*

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

### *Hospitals and Health Systems*

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

### *Health Departments and Health Districts*

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department

- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

### **Steering Committee**

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

#### *Health ENC Program Manager*

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

#### *Health ENC Steering Committee Members*

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- R. Battle Betts, Jr., MPA – Health Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Health Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

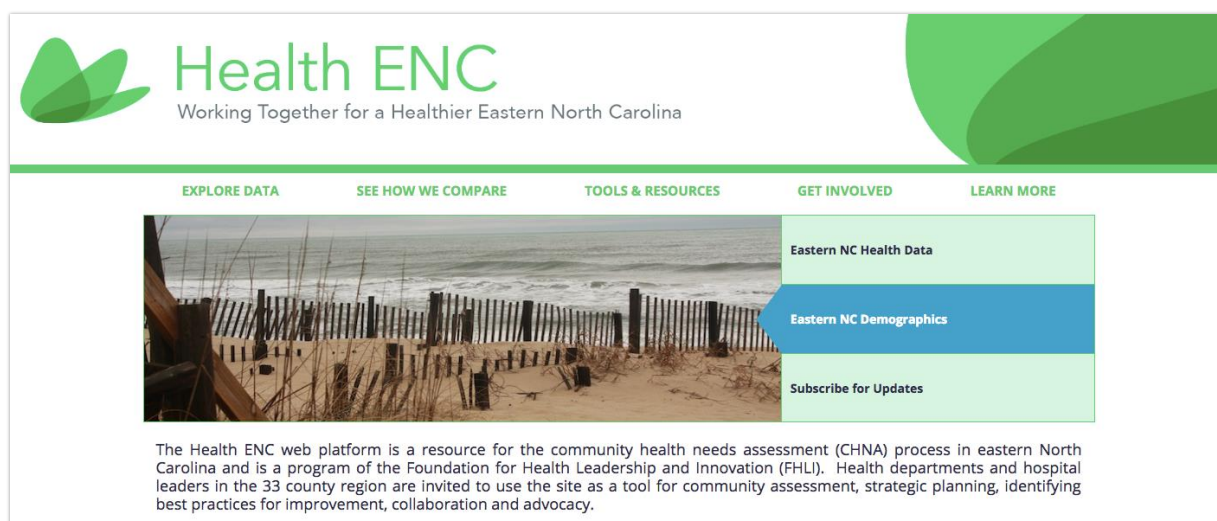
## HealthENC.org

The [Health ENC](https://HealthENC.org) web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on [HealthENC.org](https://HealthENC.org) and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit [HealthENC.org](https://HealthENC.org) to learn more.

**Figure 1. Health ENC Online Data Platform**



## Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit <https://www.conduent.com/community-population-health/>.

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## Community CHNA Collaborative

This document was developed by Albemarle Regional Health Services, in partnership with Sentara Albemarle Medical Center, Vidant Bertie Hospital, Vidant Chowan Hospital, and Vidant Roanoke Chowan Hospital as part of a local community health needs assessment process.

Healthy Carolinians of the Albemarle (HCOTA), serving Pasquotank, Perquimans, Camden, and Currituck counties, was also an active partner in the development of the CHNA. HCOTA is “a network of public-private partnerships across North Carolina that shares the common goal of helping all North Carolinians to be healthy.” The members of local partnerships are representatives of the agencies and organizations that serve the health and human service needs of the local population, as well as representatives from businesses, communities of faith, schools and civic groups.

### Community Health Team Structure

For the CHNA, Albemarle Regional Health Services developed a CHNA Leaders Team to help lead the process. The CHNA Leaders Team consisted of 25 members that included county residents as well as representatives from various local agencies and organizations from throughout the eight county service area. The CHA Leaders Team members brought a wealth of knowledge and expertise on a variety of issues and populations in the county, and the broad range of backgrounds ensured objectivity throughout the prioritization process. The CHA Leaders Team met three times between April 2018 and July 2018 to review strategies for conducting primary data collection for the CHNA, stay informed of the process, and provide feedback.

Collaboration between Albemarle Regional Health Services and other local partners made this assessment possible. Many collaborators spent numerous hours attending meetings, collecting survey data, promoting and serving as moderators for focus group discussions, and attending presentations. These partners also played an active role in the priority selection process.

Partners in the 2018 CHNA process for Albemarle Regional Health Services include:

- Albemarle Hospital Foundation
- Albemarle Regional Health Services
- Gates Partners for Health
- Healthy Carolinians of the Albemarle
- Pasquotank County Cooperative Extension
- Sentara Albemarle Medical Center
- Three Rivers Healthy Carolinians
- Town of Hertford
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Roanoke Chowan Hospital

Local Healthy Carolinians partnerships utilized grass root efforts to ensure community citizen’s opinions were heard and demographic characteristics of participants were considered to ensure that results portrayed an accurate representation of each county as a whole.

## Distribution

Healthy Carolinians of the Albemarle plans to share results from the Community Health Needs Assessment (CHNA) during meetings to county and city governments, local civic groups, faith organizations, business leaders, and through other community outreach events. The CHNA documents can be found on the Albemarle Regional Health Services website at [www.arhs-nc.org](http://www.arhs-nc.org). Efforts will be made with other agencies and local government, including county website, to provide links to the information. ARHS also plans to work with the local newspapers to provide news releases to the public about the findings made in each county. HCOTA members will have access to the information found in the CHNA at their disposal to use in the community including evidence-based strategies, grant proposals, and program planning and implementation.

An electronic copy of this report is also available on [HealthENC.org](http://HealthENC.org).

# Methodology

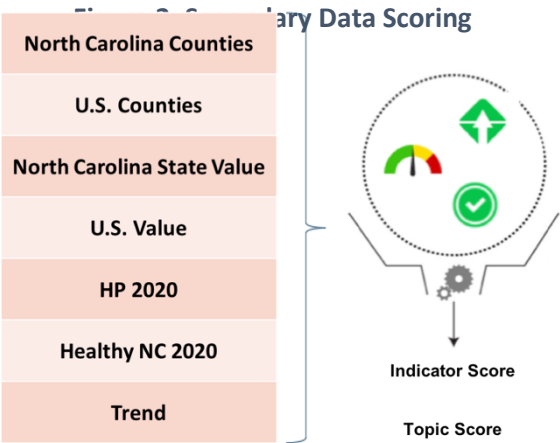
## Overview

Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Camden County.

## Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org/)<sup>1</sup>, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI’s data scoring tool, and the results are based on the 130 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Camden County's status, including how Camden County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI’s data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Camden County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.



Please see Appendix A for further details on the secondary data scoring methodology.

## Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators.

<sup>1</sup> Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children’s Health, Men’s Health, Women’s Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

**Table 2. Health and Quality of Life Topic Areas**

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health*	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health*	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

\*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

## Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Camden, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

## Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix B.

### Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community survey was distributed across Health ENC’s entire survey area from April 18, 2018 – June 30, 2018.

### *Survey Distribution*

Members of the ARHS CHNA Leaders Team, assisted by members of the region’s Healthy Carolinians coalitions and community volunteers, conducted the community health survey using electronic/paper surveys and a “convenience sample” technique. Surveys were taken to places where people were gathered for other purposes, for example, meetings, workplaces, waiting rooms, community events, etc. The sample sites were deliberately chosen to assure that the participants would be representative of the demographic distribution of the community in each participating county. Surveys, which were available in English and Spanish versions, were distributed and retrieved by the volunteers in one sitting. Surveys plainly stated, and participants were reminded, that their responses would be confidential and not linked to them personally in any way.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 219 responses were collected from Camden County residents, with a survey completion rate of 86%, resulting in 188 complete responses from Camden County. The survey analysis included in this CHNA report is based on complete responses.

**Table 3. Survey Respondents**

<b>Service Area</b>	<b>Number of Respondents*</b>		
	<b>English Survey</b>	<b>Spanish Survey</b>	<b>Total</b>
All Health ENC Counties	15,917	441	16,358
Camden County	188	0	188

\*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Camden County, what their personal health challenges are, and what the most critical health needs are for Camden County. The survey instrument is available in Appendix B.

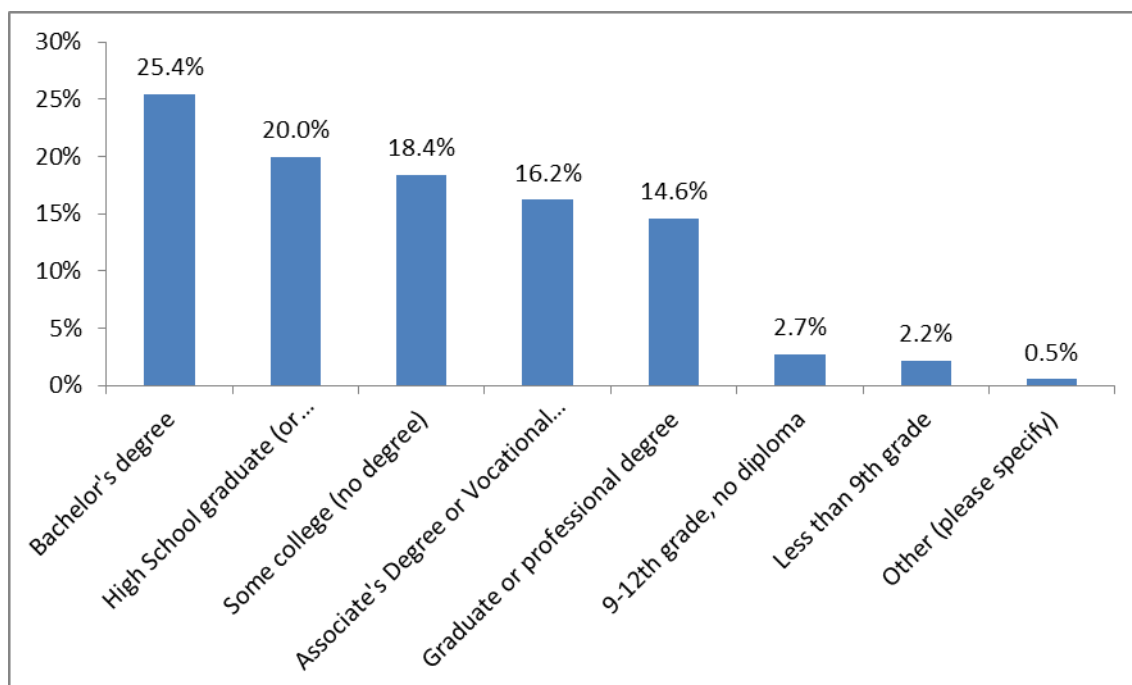
### Demographics of Survey Respondents

The following charts and graphs illustrate Camden County demographics of the community survey respondents.

Among Camden County survey participants, just over half of respondents were over the age of 50, with the highest concentration of respondents (13.5 %) grouped into the 55-59 age group. The majority of respondents were female (72.3 %), White (85.4%), spoke English at home (99.5 %), and Not Hispanic (95 %).

Survey respondents have varying levels of education, with the highest share of respondents (25.4%) having a bachelor's degree and the next highest share of respondents (20%) having graduated high school (Figure 3).

**Figure 3. Education of Community Survey Respondents**



As shown in Figure 4, over half of the respondents were employed full-time (59 %) and the highest share of respondents (24.9%) had household annual incomes that totaled over \$100,000 before taxes. The average household size was 2.9 individuals.

**Figure 4. Employment Status of Community Survey Respondents**

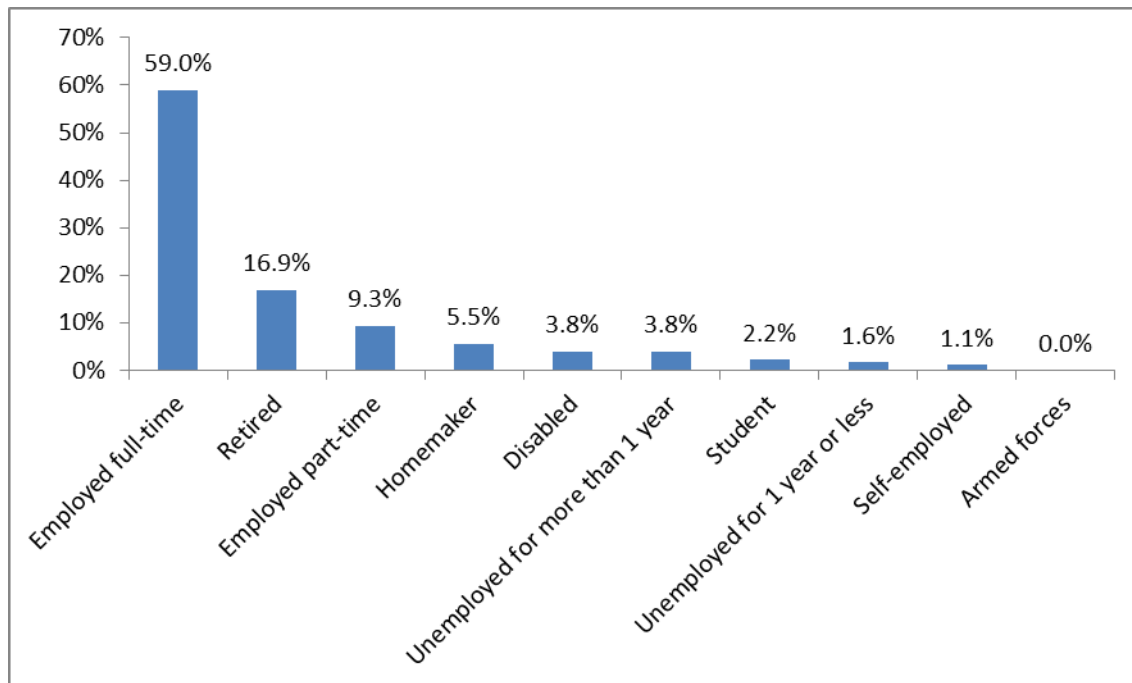
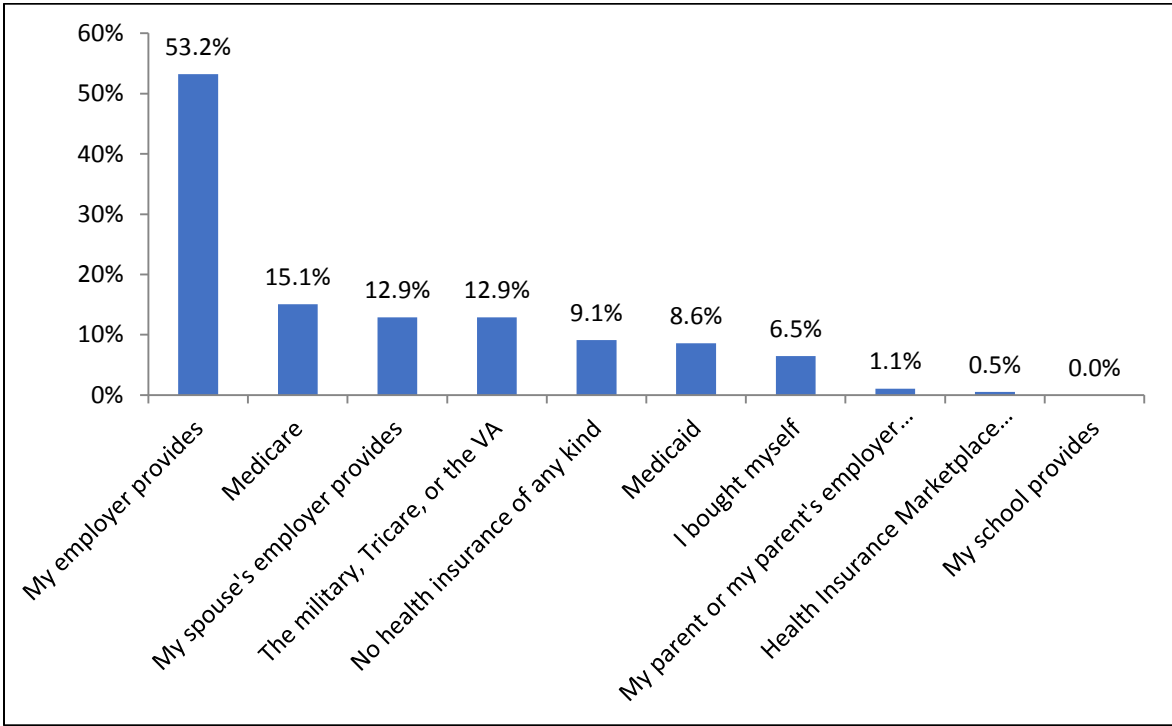


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (53.2%), while 15.1% have Medicare and 9.1% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population consisted of white women with varying degrees of education and income level. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on [HealthENC.org](https://www.healthenc.org). Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Camden County. A list of questions asked at the focus groups is available in Appendix B.



The purpose of the focus groups for Health ENC’s 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

ARHS partnered with Sentara Albemarle Medical Center to collect primary data for the 2018 CHNA process for Camden County. Focus groups were led by trained moderators to learn more about the community’s definitions and understandings of health, illness, and services that affect health attitudes, beliefs, and behaviors. The CHNA Leaders Team collected data directly from county residents to better understand their health status, needs, and county resources. Data was collected from a wide variety of county residents to assure that the data represent all parts of the county population.

Four focus group discussions were completed within Camden County between July 6, 2018 – July 23, 2018 with a total of 23 individuals. Participants included Senior Citizens and local church members. Table 4 shows the date, location, population type, and number of participants for each focus group.

**Table 4. List of Focus Group Discussions**

<b>Date Conducted</b>	<b>Focus Group Location</b>	<b>Population Type</b>	<b>Number of Participants</b>
7/06/2018	Camden Senior Center	Seniors Citizens	6
7/20/2018	Church in South Mills	Church Member/Senior Citizens	7
7/23/2018	Church in Sawyers Creek	Church Members	5
7/23/2018	Church in Sawyers Creek	Church Members	5

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on [HealthENC.org](http://HealthENC.org).

Results of the focus group dialogues further support the results from other forms of primary data collected (the community survey) and reinforces the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups alongside the responses from the community survey, the primary data collection process for Camden County is rich with involvement by a representative cross section of the community.

## **Data Considerations**

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within

each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

## Prioritization

A vital phase of the Community Health Needs Assessment (CHNA) involves reporting out to the communities being served and to those residents who participated in the data gathering process. Community health presentations were held to provide the opportunity for community residents and key stakeholders to learn about the health-related primary and secondary data from the 2018 CHNA process. The data was presented by ARHS, Sentara Albemarle Medical Center, and Vidant Health through presentations geographically dispersed throughout the Albemarle Region.

The presentations were widely promoted through email invitations, newspaper announcements, the ARHS website, social media outlets, and by partnering organizations in an effort to bring the community together and strengthen an environment where the individuals were empowered in the decisions highlighted through the prioritization process.

Below is the list of presentations:

Monday, January 14, 2019:

Roanoke Chowan Community Health Clinic, Ahoskie, NC (Hertford County)

Wednesday, January 16, 2019:

Vidant Bertie Hospital, Windsor, NC (Bertie County)

Friday, January 18, 2019:

Shepard Pruden Library, Edenton, NC (Chowan County)

Monday, February 11, 2019:

Merchants Millpond State Park, Gatesville, NC (Gates County)

Friday, February 15, 2019:

Sentara Albemarle Medical Center (Camden, Currituck, Pasquotank, & Perquimans Counties)

In addition to Community Members, Community Agencies in Attendance Include:

Alliance for Children and Families  
Behavioral Health  
Board of Education/School System  
City Government  
Community College/University  
Community Health Centers  
Cooperative Extension  
County Government  
County Commissioners  
Hospital Foundations  
Law Enforcement  
Local Health Departments  
Local Hospitals  
Local Treatment Centers  
NC Partnership for Public Health  
Rescue/Emergency Management Services  
Smart Start  
United Way

After reviewing the CHNA presentation for each county, discussion took place among the participants to determine community priority issues relating to the following criteria:

- Magnitude of the Problem: The size or extent of the problem as it relates to your county.
- Consequences of the Problem: How the economic, social, cultural, and political issues within your county might be influenced by addressing this issue.
- Feasibility: Are there enough resources in the county to address this issue and is the community ready to address this issue?
- Duplication: Is this issue already being addressed by other community stakeholders/programs?

After discussions, participants were then asked to use the priority list that was developed for each county to vote on their top three priority issues by placing a colored sticker next to their choices.

After the post-presentation results were collected, the health issues were tallied. For Healthy Carolinians of the Albemarle (Camden, Currituck, Pasquotank and Perquimans Counties) those were, in no particular order:

- Healthy Lifestyle Behaviors
- Access to Healthcare
- Mental Health/Substance Misuse

It is important to note that these three priorities have been selected for a diverse four-county coalition, so certain priorities may be more applicable to some counties than to others.

# Overview of Camden County

## About Camden County

Camden County is a narrow, primarily rural county located in the Coastal Plain region of eastern NC. Camden County is adjacent to Pasquotank and Gates counties to the west, Currituck County to the northeast, the Albemarle Sound to the south, and the state of Virginia to the north. Camden County is divided geopolitically into three townships. The county seat is the town of Camden.

Camden County encompasses a land area of 306 square miles, including 65 square miles of waterfront along the Pasquotank and North rivers and the Albemarle Sound. Major highways include US Highway 17, which runs through the county connecting to Wilmington, NC to the south and Norfolk, VA to the north. US Highway 158 runs east to west through the county and connects Camden County to the coast. Both highways provide a connection to US Highway 64, the nearest all four-lane highway, which leads to the Outer Banks going east and Raleigh going west.

Elizabeth City, in neighboring Pasquotank County, is the nearest Greyhound bus line stop. The nearest Amtrak train station is in Norfolk, VA. The Norfolk International Airport is the nearest commercial airport and is approximately 50 miles from Camden County. The next two closest airports are the Newport News/Williamsburg International Airport in Newport News, VA (approximately 72 miles) and the Pitt-Greenville Airport in Greenville, NC (approximately 106 miles).

Camden County was formed in 1777 from the northeastern part of Pasquotank County. The first colonists to the county were Virginians and other northerners who reached the area by journeying down the Pasquotank River. Many of these colonists took notice of the region's rich soil and recognized the potential for agricultural production. Nearly a third of the county's land remains farmland, and among the agricultural products to come from this region are cotton, corn, barley, soybeans, and potatoes.

One of the biggest events in Camden County was the construction of the Dismal Swamp Canal, a 22 mile-long canal connecting South Mills and Deep Creek, VA, beginning in 1793 and ending in 1805. The canal is the oldest surviving artificial waterway in the United States. It was first used as a trade route with hundreds of flatboats, passenger ships, and freighters plying its waters. The canal is still enjoyed today as a scenic waterway for pleasure craft. Connecting the Chesapeake Bay to the Albemarle Sound, it is now owned by the federal government and makes up a section of the Intracoastal Waterway.

Residents of Camden County still take pride in their rural population, school system, and county government. The waters of the county are enjoyed annually by boaters, swimmers, naturalists, and fishermen. Also enjoyed by outdoorsmen for hunting, Camden County has the largest turkey population in the state. The Great Dismal Swamp is the most important sanctuary for black bears in the eastern United States as well as a vital breeding ground for songbirds returning from migrations to Central and South America. Visitors to the Great Dismal Swamp can find opportunities there which include hiking, biking, birding, paddling and photography.

## Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Camden County, North Carolina.

### Population

According to the U.S. Census Bureau's 2016 population estimates, Camden County has a population of 10,418 (Figure 6). The population of Camden County has increased 2013 to 2016.

**Figure 6. Total Population (U.S. Census Bureau)**

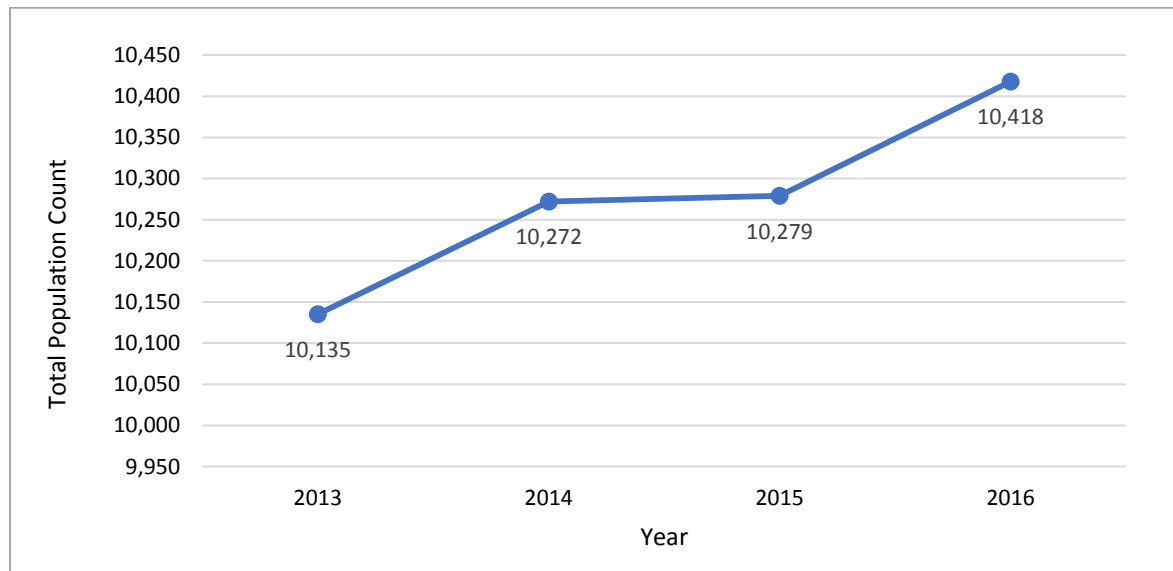
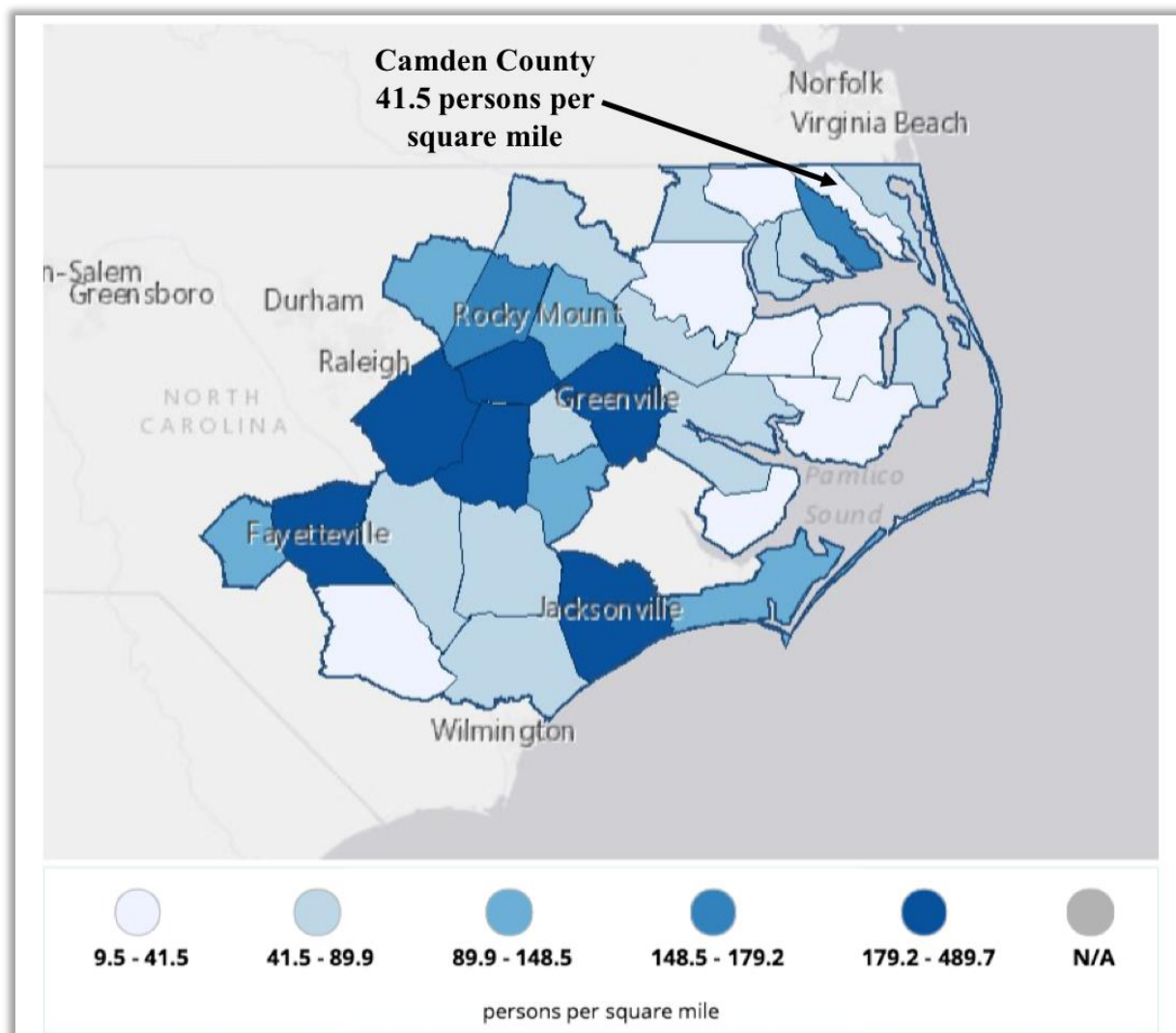


Figure 7 shows the population density of Camden County compared to other counties in the Health ENC region. Camden County has a population density of 41.5 persons per square mile.

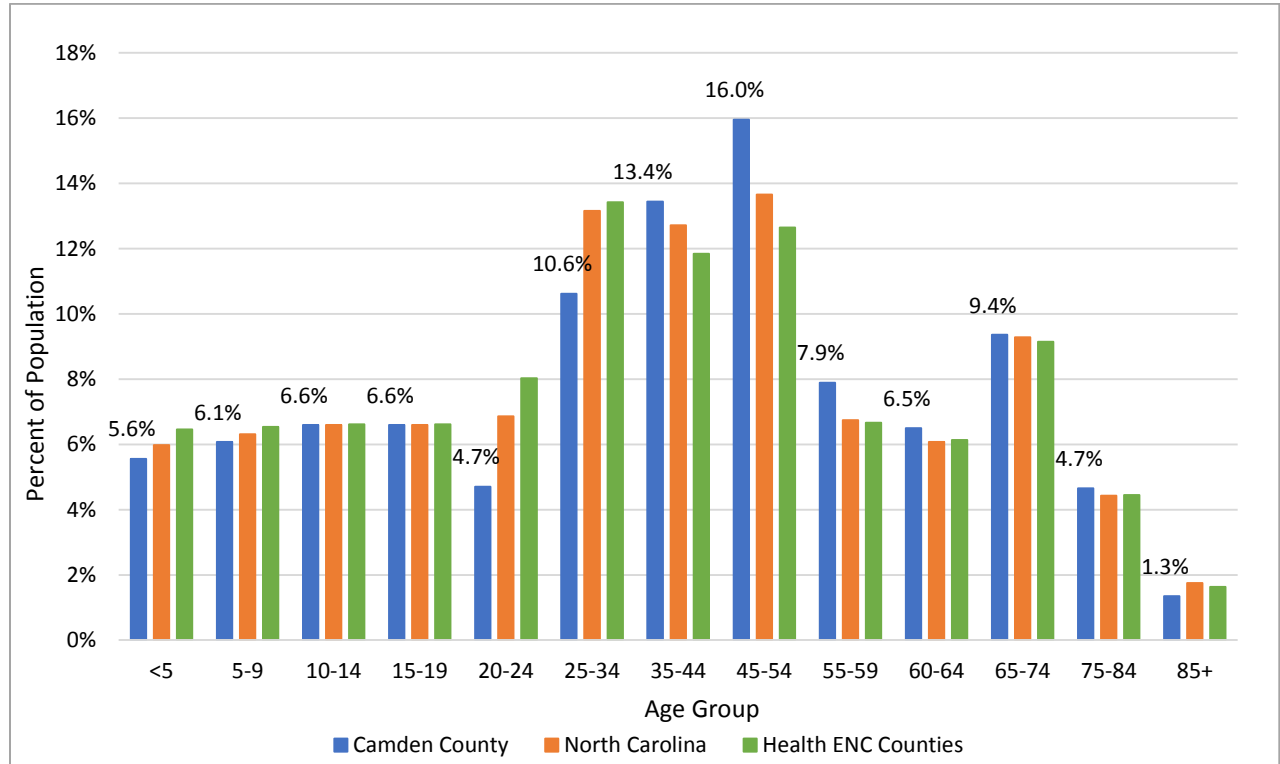
**Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)**



## Age and Gender

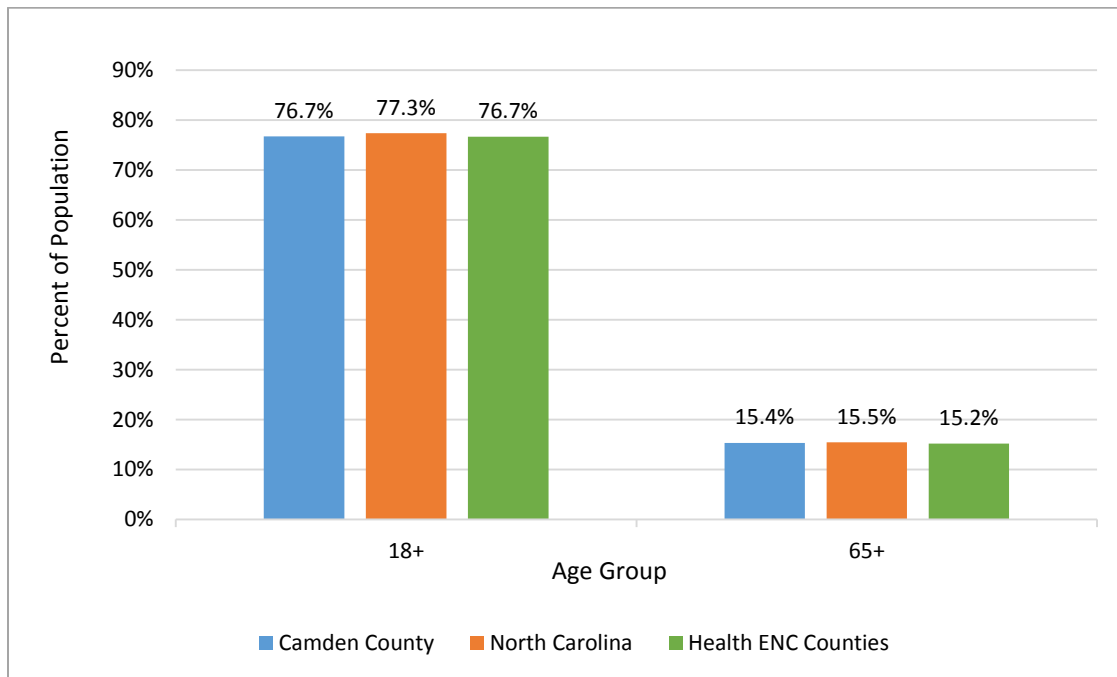
Overall, Camden County residents are slightly older than residents of North Carolina and the Health ENC region. Figure 8 shows the Camden County population by age group. The 45-54 age group contains the highest percent of the population at 16.0%, while the 35-44 age group contains the next highest percent of the population at 13.4%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 18 years and older comprise 76.7% of the Camden County population and people 65 years and older comprise 15.4% (Figure 9). These values are similar to the age distribution in North Carolina and Health ENC Counties.

**Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)**



Males comprise 50.2% of the population, whereas females comprise 49.8% of the population (Table 5). The median age for males is 41.4 years, whereas the median age for females is 42.3 years. Both are higher than the North Carolina median age (37.2 years for males and 40.1 years for females).

**Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)**

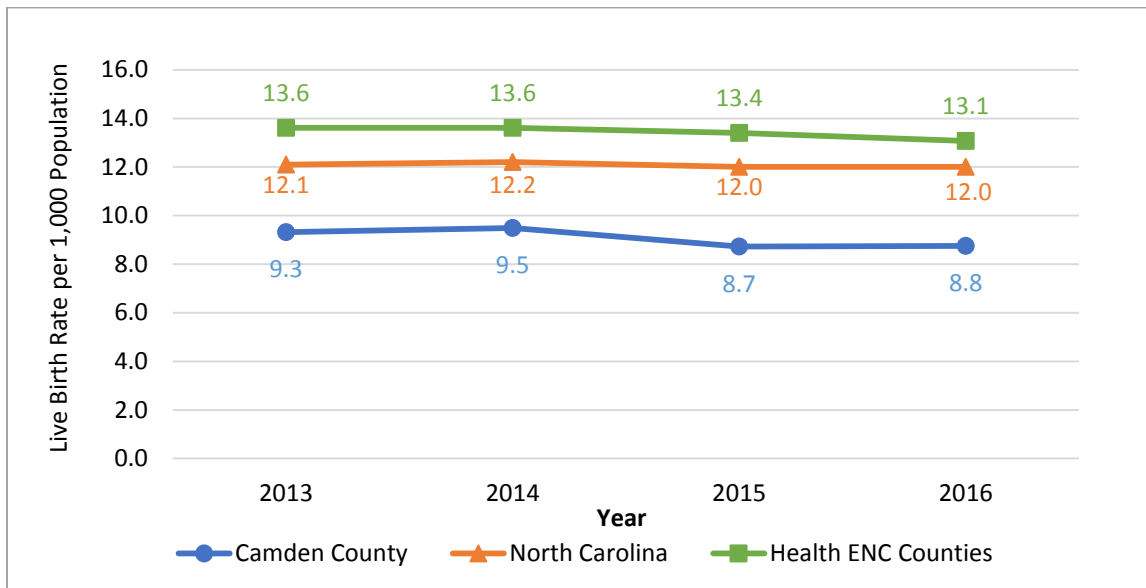
	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
<b>Camden County</b>	50.2%	49.8%	76.2%	14.5%	77.2%	16.2%	41.4	42.3
<b>North Carolina</b>	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
<b>Health ENC Counties</b>	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A



## Birth Rate

Birth rates are an important measure of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Camden County (8.8 live births per 1,000 population in 2016) is lower than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Further, birth rates have decreased slightly in all three jurisdictions between 2014 and 2016.

**Figure 10. Birth Rate (North Carolina State Center for Health Statistics)**



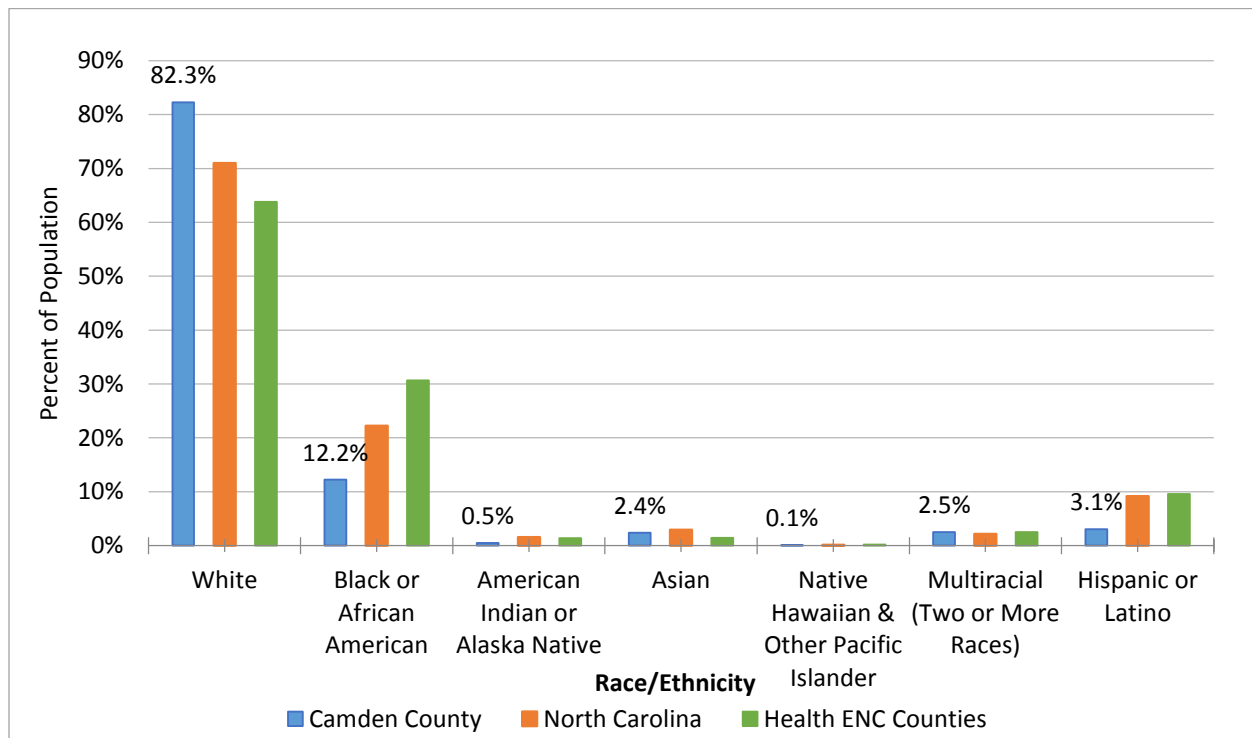
## Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 11 shows the racial and ethnic distribution of Camden County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The White population accounts for 82.3% of the total population in Camden County, with the Black or African American population accounting for 12.2% of the total population. The proportion of residents that identify as White is larger in Camden County (82.3%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Camden County has a smaller share of residents that identify as Black or African American (12.2%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 3.1% of Camden County, which is lower than North Carolina (9.2%) and Health ENC counties (9.6%).

**Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)**



## Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

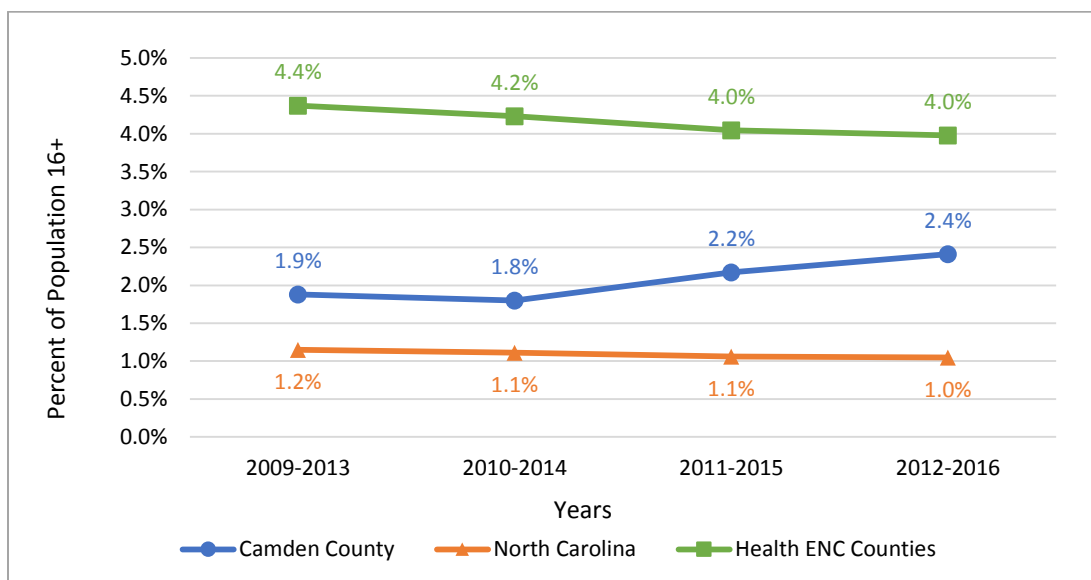
**Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)**

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

## Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Camden County has a smaller share of residents in the military (2.4%) compared to counties in the Health ENC region (4.0%), but a larger share compared to North Carolina (1.0%). Across the last three time periods, the percent of the population in the military increased in Camden County.

**Figure 12. Population in Military / Armed Forces (American Community Survey)**

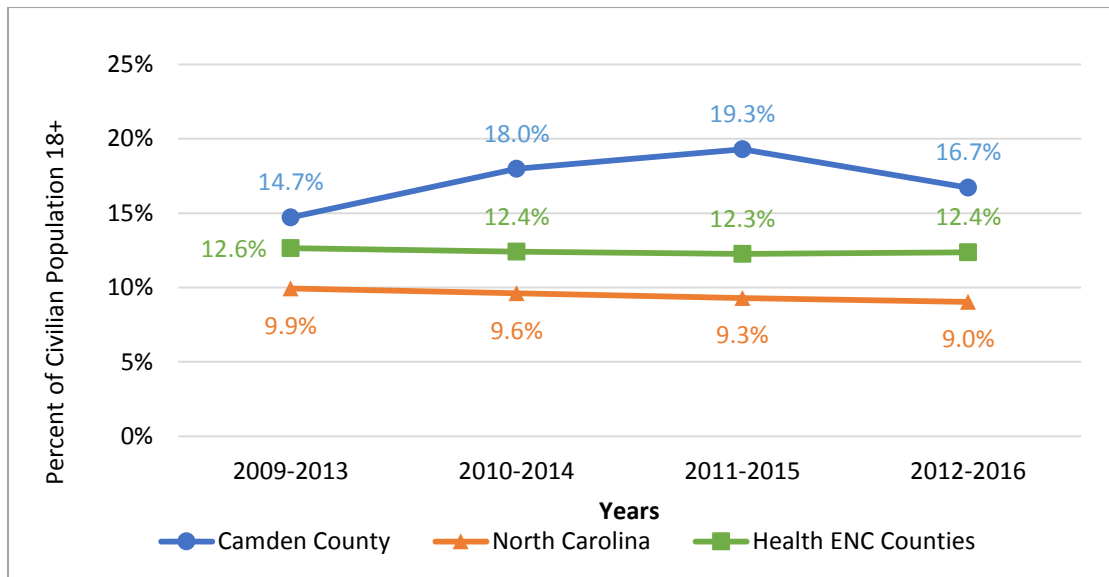


## Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Camden County has a veteran population of 16.7% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

Figure 13 also shows that the veteran population of Camden County increased between 2009-2013 and 2011-2015 before decreasing in 2012-2016. In contrast, the veteran population of North Carolina and the Health ENC region is decreasing slightly across the four time periods.

**Figure 13. Veteran Population (American Community Survey, 2012-2016)**



## Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

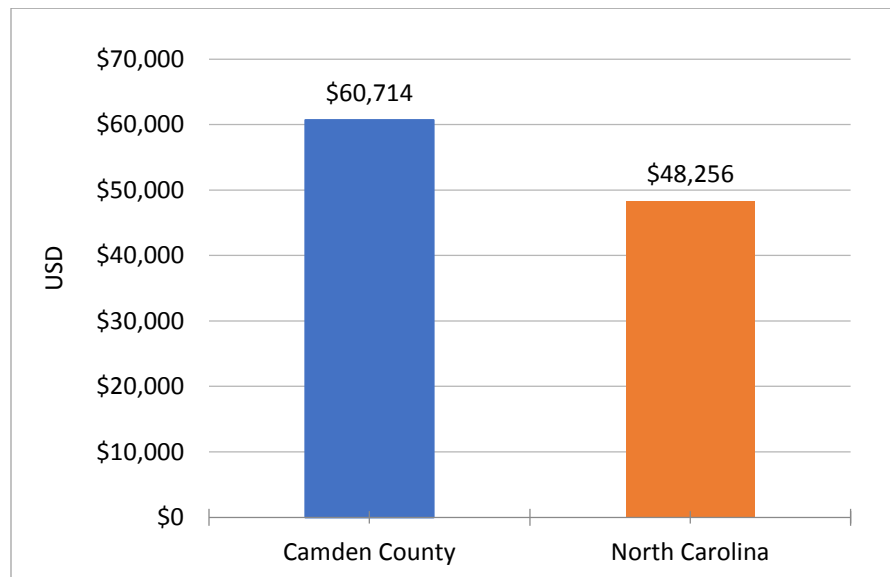
### NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Camden County has been assigned a Tier 1 designation for 2018.

### Income

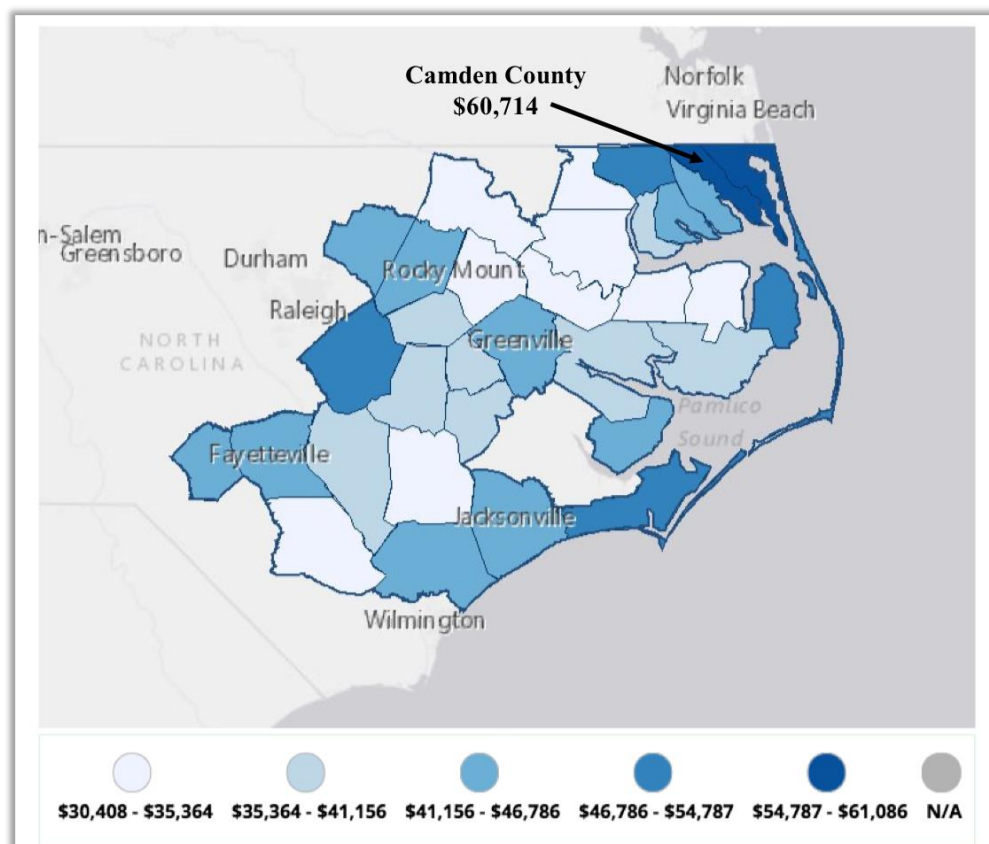
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Camden County (\$60,714), which is higher than the median household income in North Carolina (\$48,256).

**Figure 14. Median Household Income (American Community Survey, 2012-2016)**



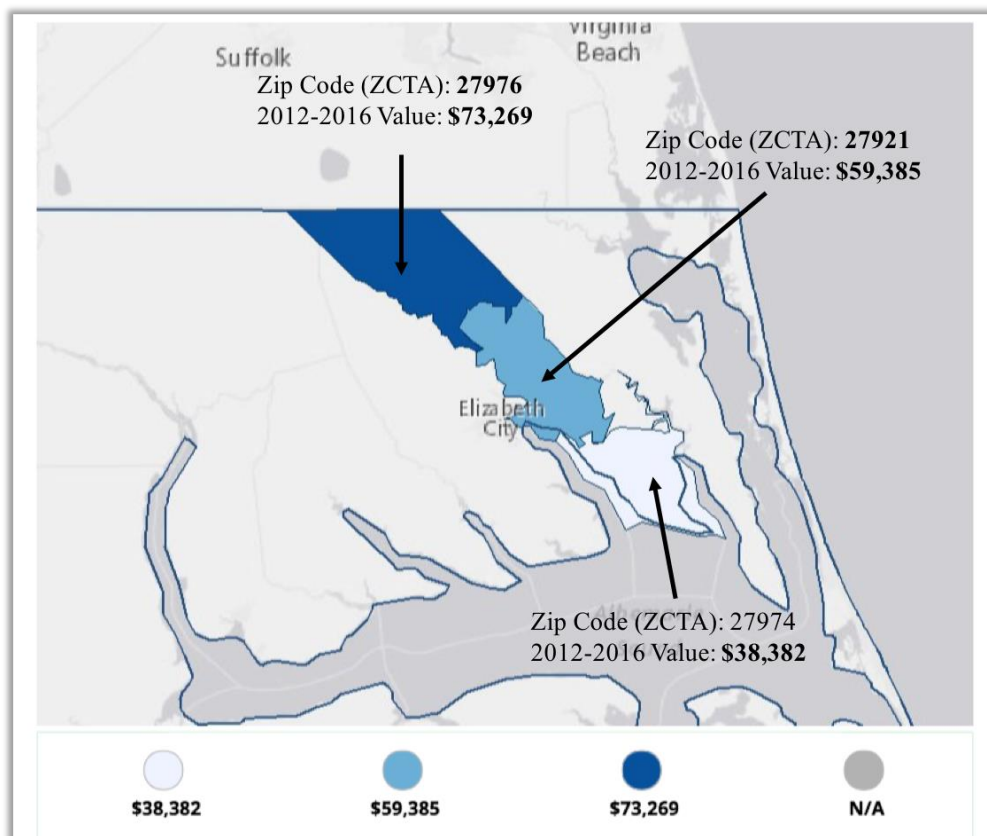
Camden County has one of the highest median household incomes compared to counties in the Health ENC region, second only to Currituck County. The remaining 31 counties in the Health ENC region have a lower median household income (Figure 15).

**Figure 15. Median Household Income of Health ENC Counties  
(American Community Survey, 2012-2016)**



Within Camden County, zip code 27974 has the lowest median household income (\$38,382) while zip code 27976 has the highest median household income (\$73,269) (Figure 16).

**Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)**

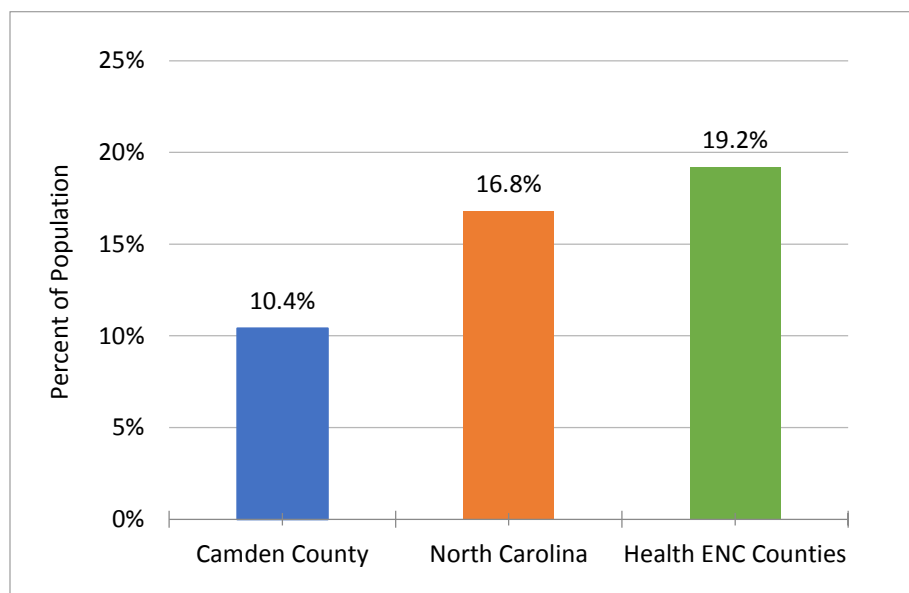


## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

As seen in Figure 17, 10.4% percent of the population in Camden County lives below the poverty level, which is lower than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

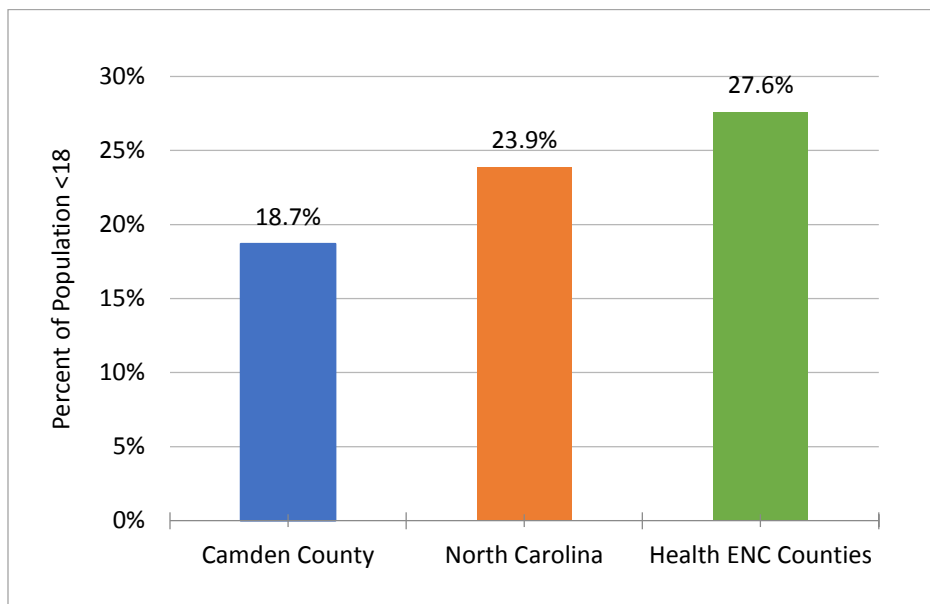
**Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)**





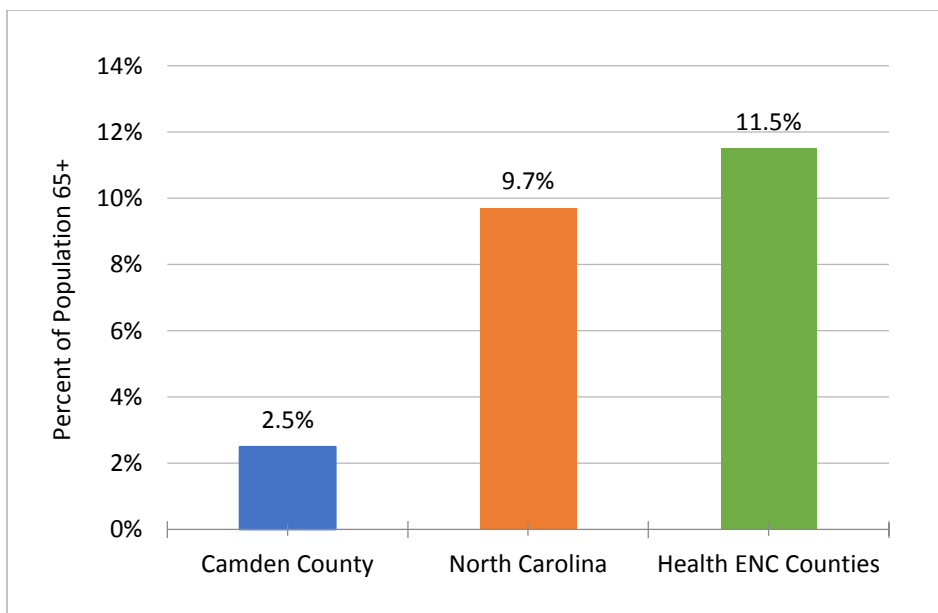
The rate of both children and older adults living below the poverty level is also lower for Camden County when compared to North Carolina and Health ENC counties (Figure 18 and Figure 19). The rate of children living below the poverty level is 18.7% in Camden County compared to 23.9% in North Carolina and 27.6% in Health ENC Counties (Figure 18).

**Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)**



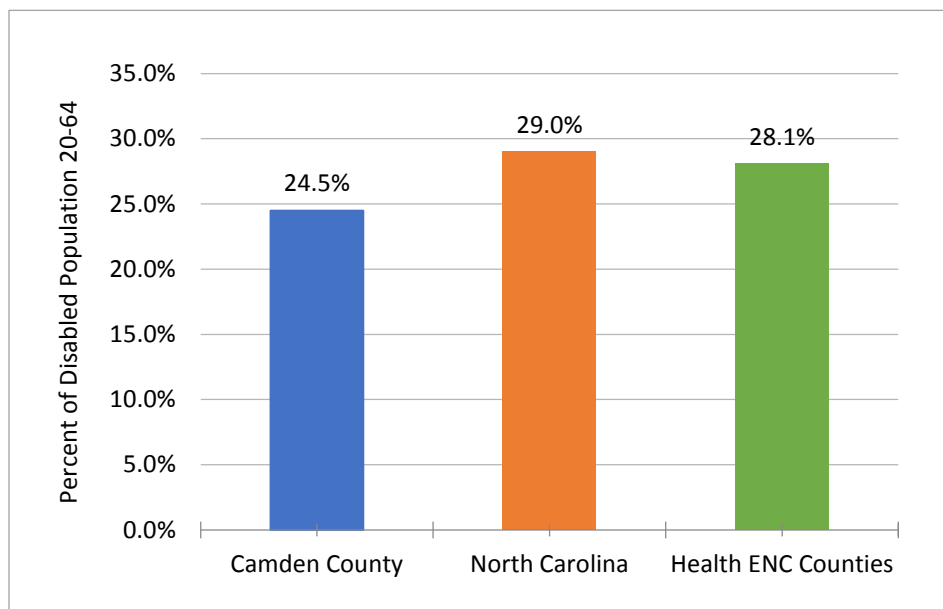
As shown in Figure 19, 2.5% of the population 65 and older in Camden County lives below the poverty level, compared to 9.7% in North Carolina and 11.5% in Health ENC Counties.

**Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)**



The percent of disabled people living in poverty in Camden County (24.5%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%) (Figure 20).

**Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)**

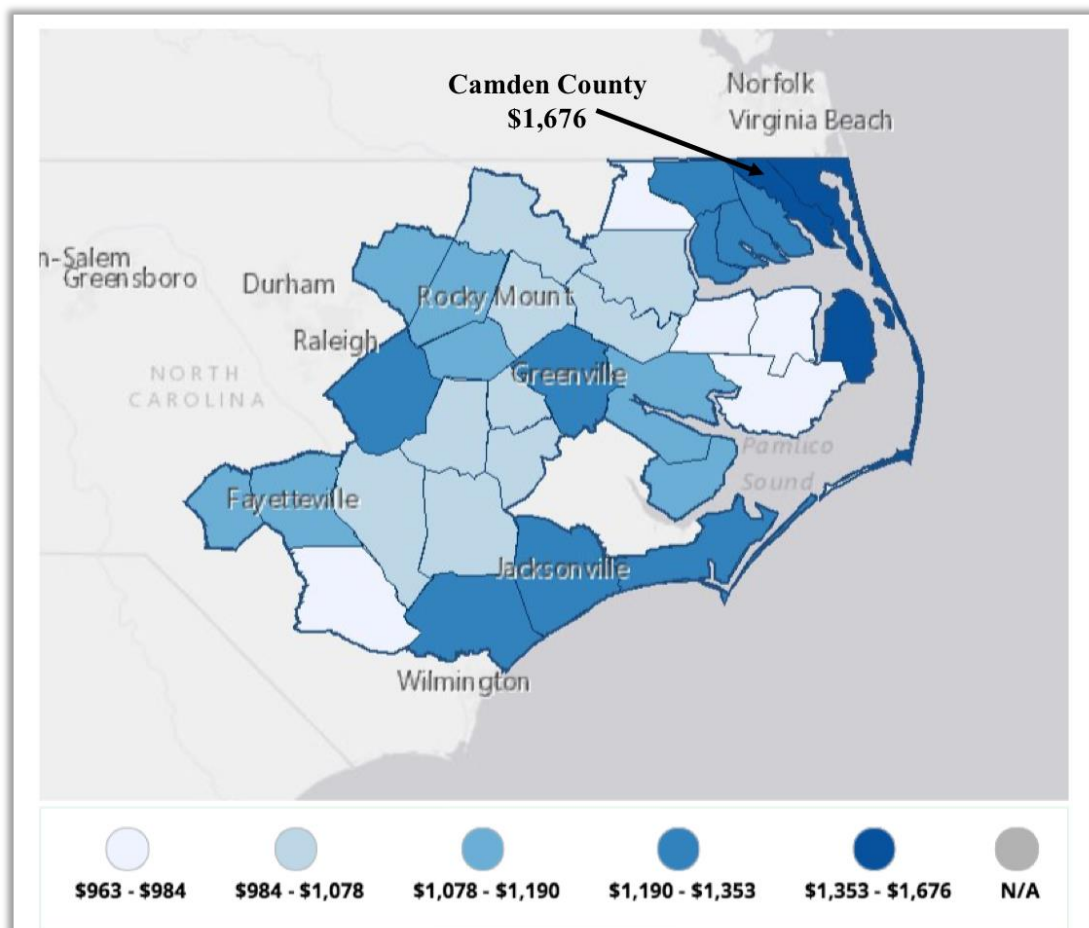


## Housing

The average household size in Camden County is 2.7 people per household, which is greater than the North Carolina value of 2.5 people per household.

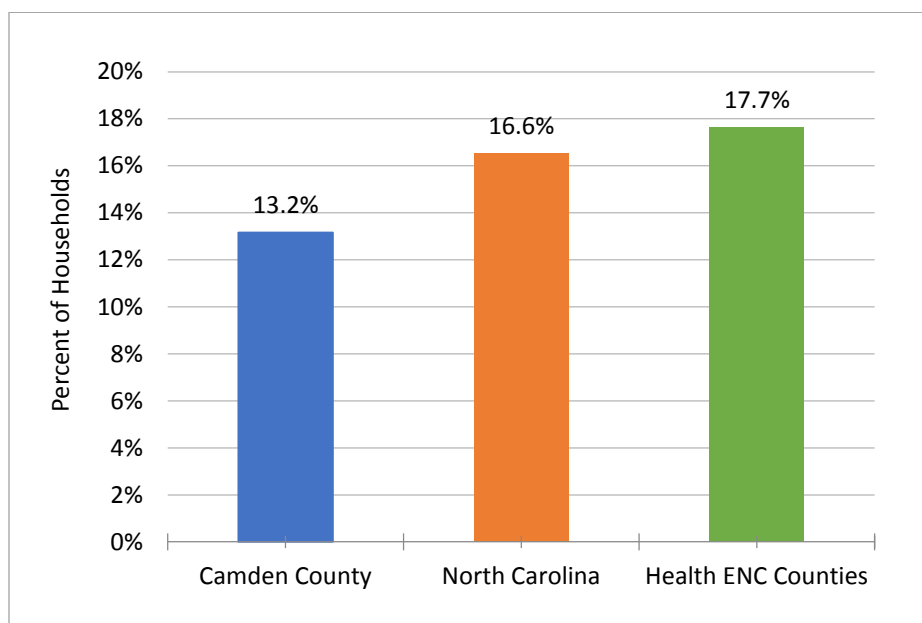
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Camden County, the median housing costs for homeowners with a mortgage is \$1,676. This is higher than the North Carolina value of \$1,243 and is the highest value of all counties in the Health ENC region.

**Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties  
(American Community Survey 2012-2016)**



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. In Camden County, 13.2% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

**Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)**

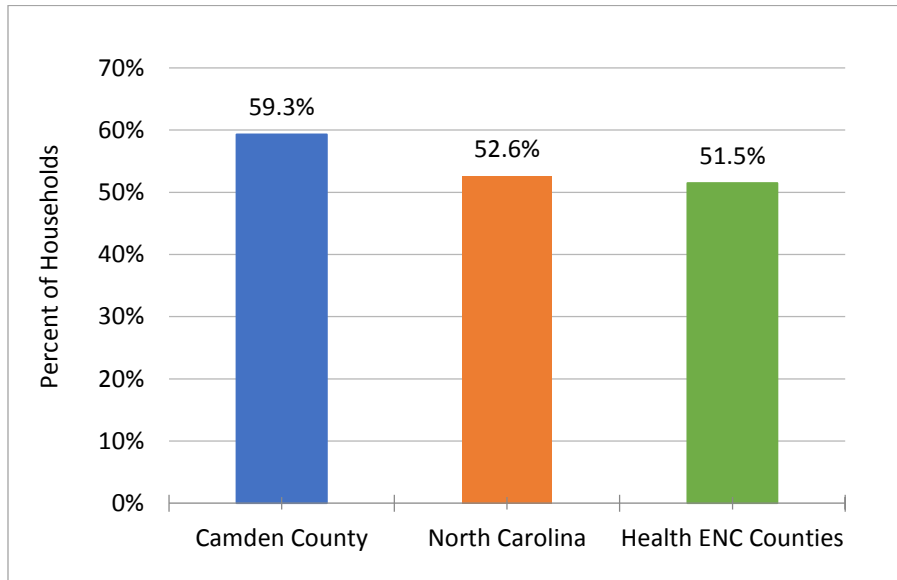


## Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Camden County, 59.3%, is higher than the state value of 52.6% and the Health ENC region value of 51.5%.

**Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)**



## Access to Grocery Stores and Farmers' Markets

- In 2014, there were no grocery stores listed in Camden County.  
<https://www.ers.usda.gov/FoodAtlas/>
- From 2010 to 2015, Camden County households with no car and therefore low access to grocery stores increased from 1.3% to 3.1%.
- From 2010 to 2015 persons in Camden County with low income and low access to grocery stores decreased from 1.0% to 0.9%.
- Despite the rural, agrarian nature of much of the ARHS region, there are very few farmers' markets anywhere in the region. In 2016, The US Department of Agricultural listed the following counties in the ARHS region with having markets:  
Chowan County: 1  
Currituck County: 11  
Hertford County: 1  
Pasquotank County: 1

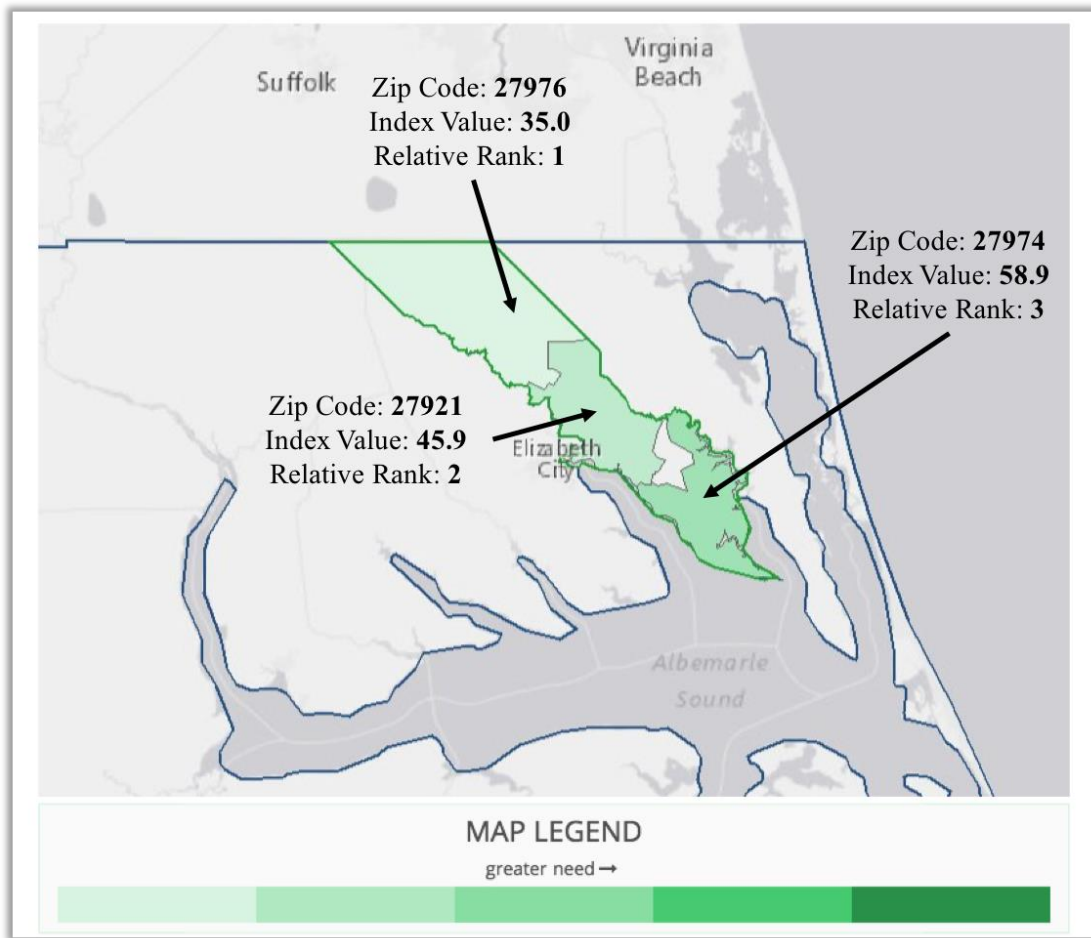
## **SocioNeeds Index**

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Camden County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Camden County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 27974, with an index value of 58.9, has the highest level of socioeconomic need within Camden County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Camden County are provided in

Table 7.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)



**Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)**

<b>Zip Code</b>	<b>Index Value</b>	<b>Relative Rank</b>
27974	58.9	3
27921	45.9	2
27976	35.0	1

Source: <http://www.healthenc.org/socioneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.



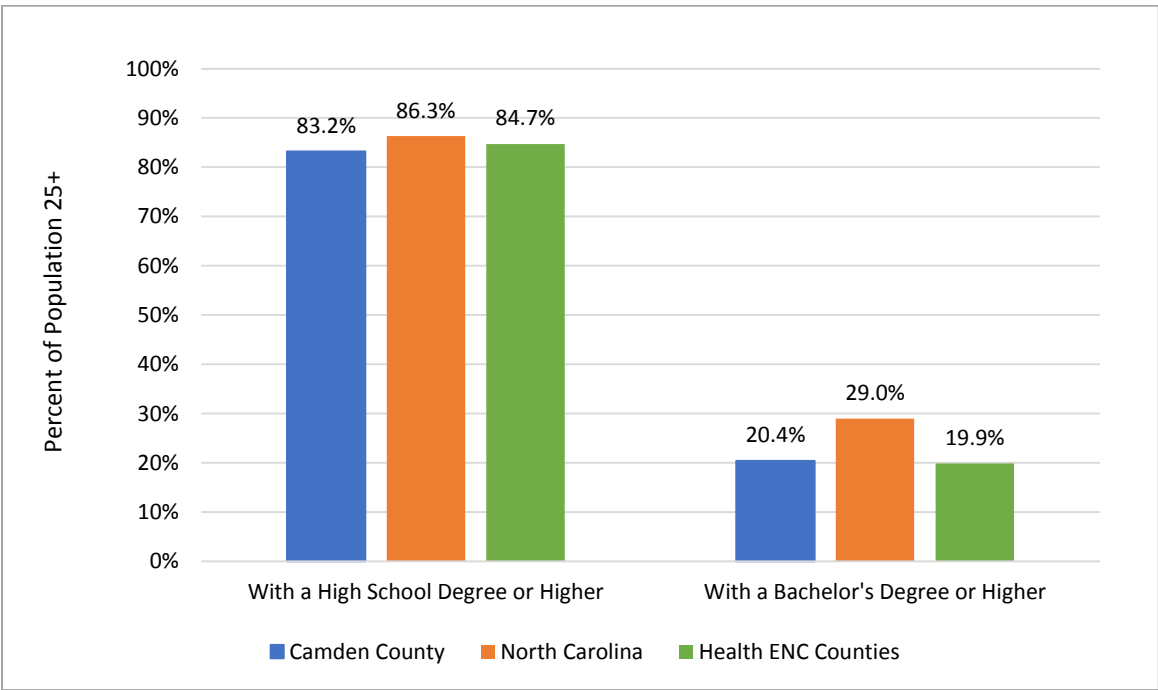
# Educational Profile

## Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual’s social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor’s degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

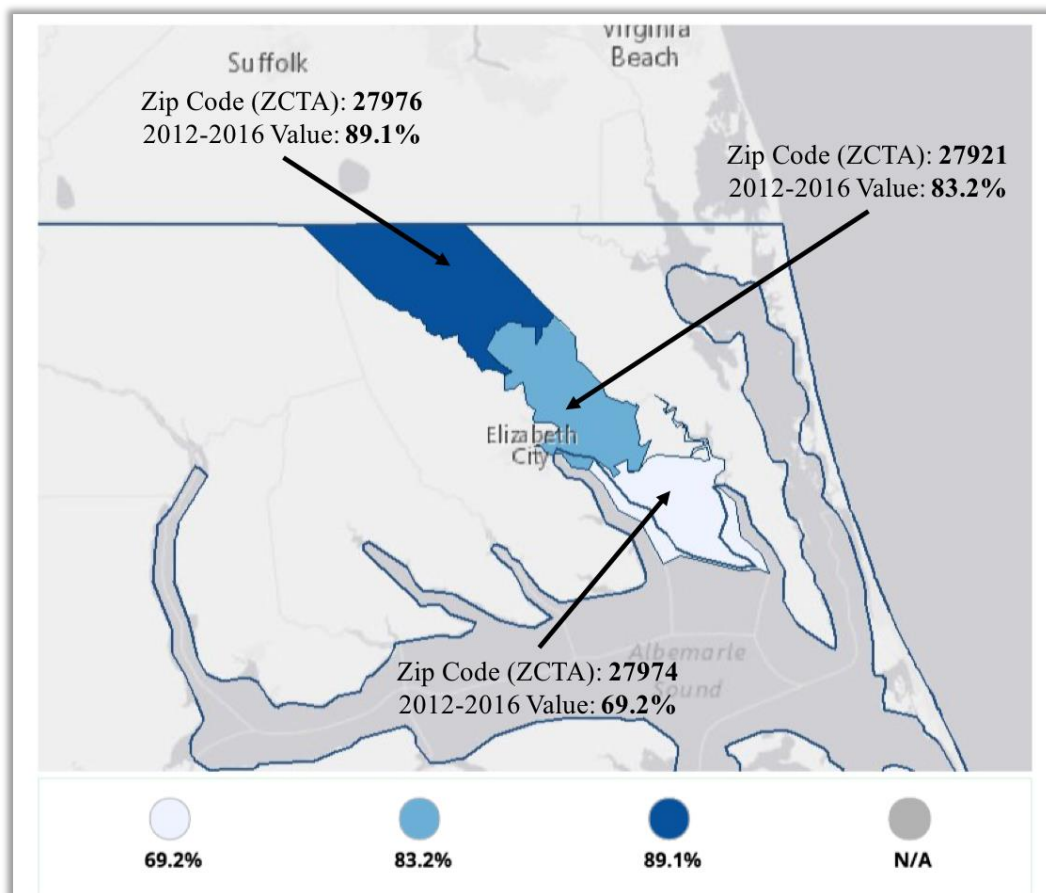
Countywide, the percent of residents 25 or older with a high school degree or higher (83.2%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Camden County is similar to Health ENC Counties and lower than the state value. Only 20.4% of residents 25 and older have a bachelor’s degree or higher in Camden County and 19.9% in the Health ENC counties, compared to 29.0% in North Carolina (Figure 25).

**Figure 25. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher (American Community Survey, 2012-2016)**



In zip code 27974, the high school degree attainment rate is below 70%, which is lower than the other two zip codes in Camden County (Figure 26).

**Figure 26. People 25+ with a High School Degree or Higher by Zip Code  
(American Community Survey, 2012-2016)**

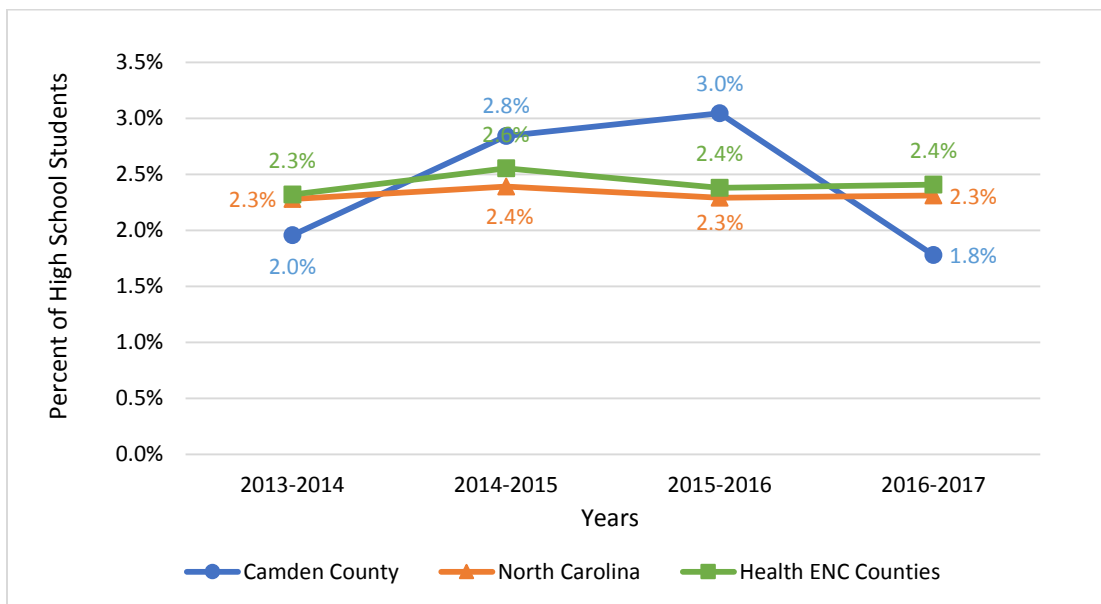


## High School Dropouts

High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Camden County's high school dropout rate, given as a percent of high school students in Figure 27, was 1.8% in 2016-2017, which is lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Camden County's high school dropout rate increased between 2013-2014 and 2015-2016, before decreasing to its lowest point in the four most recent measurement periods in 2016-2017.

**Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)**

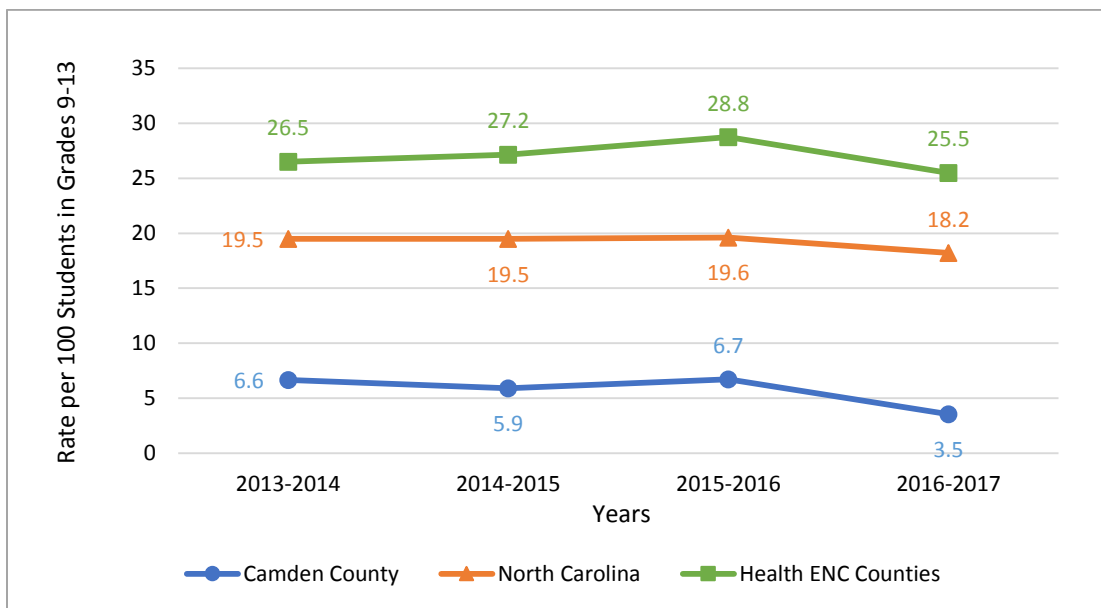


## High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Camden County's rate of high school suspension (3.5 suspensions per 100 students) is lower than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, Camden County's values are lower than those in North Carolina and the Health ENC region over the four time periods.

**Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)**



## Environmental Profile

### AIR QUALITY

The US Environmental Protection Agency (EPA) maintains air quality monitoring stations throughout the country to continuously measure the air pollutants that most affect the health and wellbeing of the public: carbon monoxide, nitrous oxide, sulfates, ozone and particulate matter. These stations tend to be located in populous areas or along highway routes that carry significant traffic loads, but none are located in or near Camden County, so there is no Air Quality Index (AQI) data for this locale. [http://www.epa.gov/airdata/ad\\_rep\\_aqi.html](http://www.epa.gov/airdata/ad_rep_aqi.html)

### DRINKING WATER

The EPA's Safe Drinking Water Information System (SDWIS) contains information about public water systems and their violations of EPA's drinking water regulations, as reported to EPA by the states. The EPA establishes maximum contaminant levels, treatment techniques, and monitoring and reporting requirements to ensure that water systems provide safe water to their customers.

As of October 10, 2018, SDWIS listed two active water systems in Camden County, all of which were *Community Water Systems* that served an estimated 10,433 people, which is 100% of the population. A community water system is one with at least 15 service connections used by year-round residents or one that regularly serves 25 year-round residents. This category includes municipalities, subdivisions, and mobile home parks. Among these two CWS, there were no health violations in the past 10 years.

<https://www3.epa.gov/enviro/facts/sdwis/search.html>

### SOLID WASTE

Camden County operates three collection and recycling centers in county which may be used by any citizen of the county to dispose of residential waste and recyclable materials. Most of the solid waste generated in Camden County is transferred or transported out of the county or out of the state, the largest proportion of which (91%) goes through the Pasquotank County Transfer Station.

### RABIES

According to the Epidemiology Section of NC DPH, there was one confirmed cases of rabies in animals in Pasquotank County between 2008 and 2018. Rabies is not common in the ARHS region, with only 43 cases identified region-wide over the ten year period presented.

<http://epi.publichealth.nc.gov/cd/rabies/figures.html#tables>

## Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 0% of residents walk to work, compared to the state value of 1.8%. Public transportation is rare in Camden County, with an estimated 0.2% of residents commuting by public transportation, compared to the state value of 1.1% (Figure 29). In Camden County, 90.2% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina (Figure 30).

**Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)**

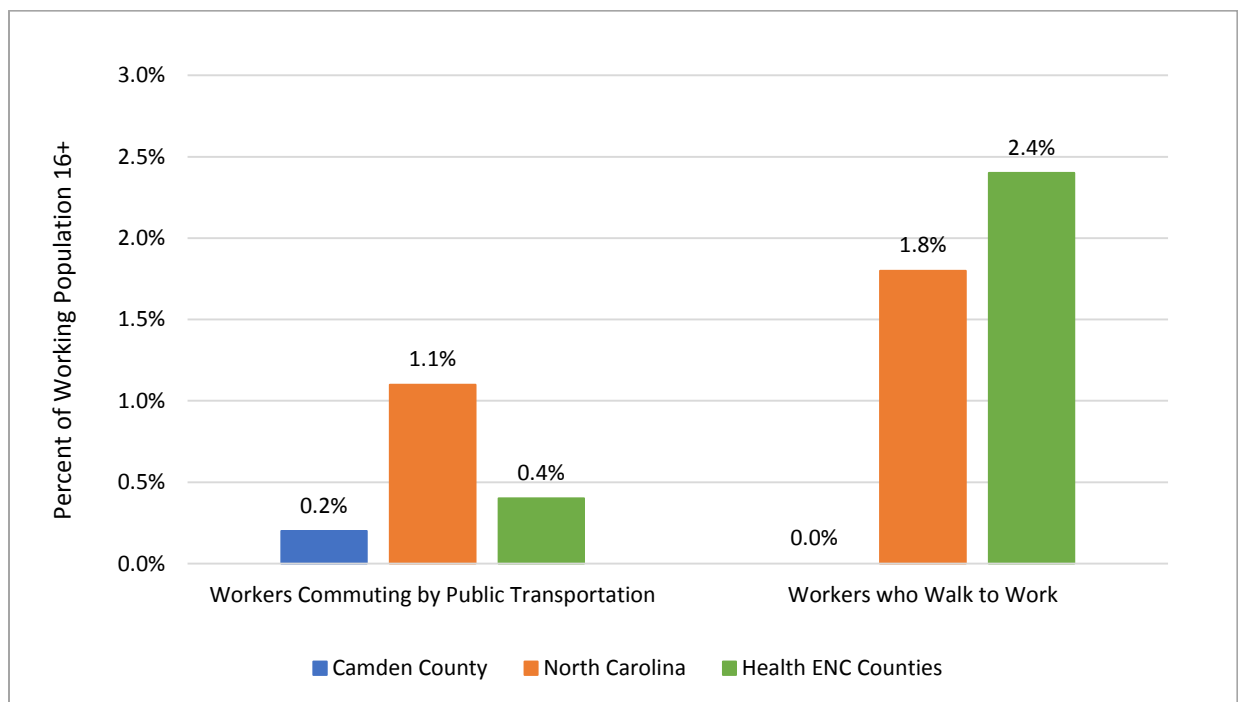
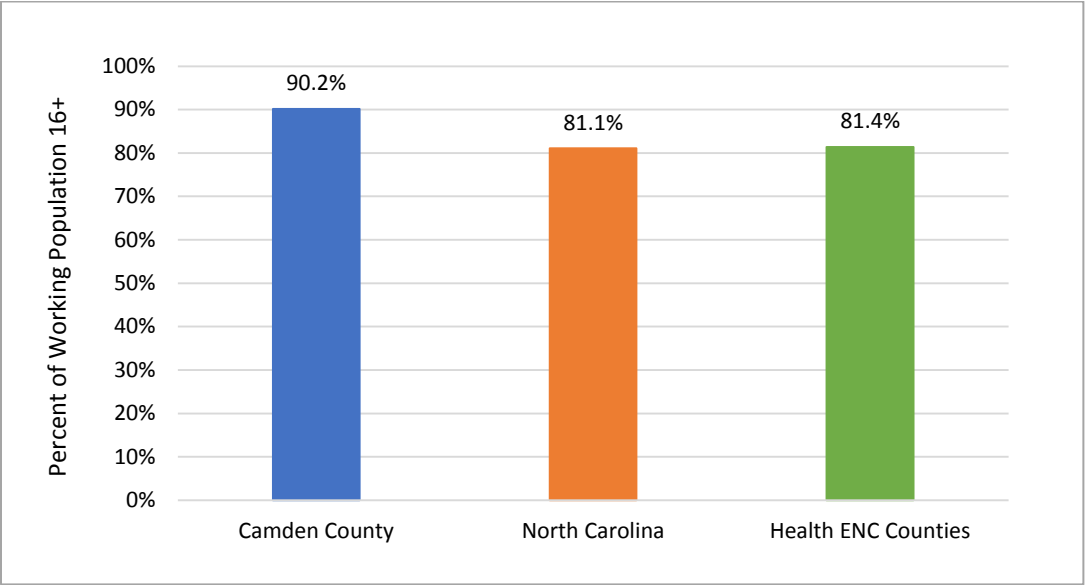


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



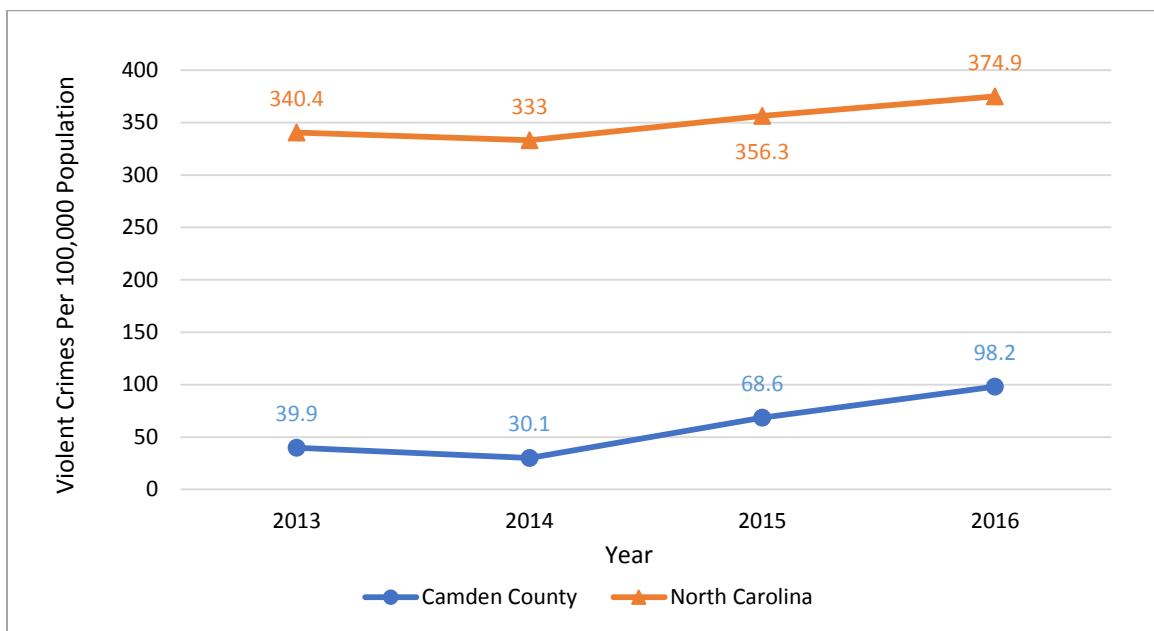
## Crime and Safety

### Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

The violent crime rate in Camden County is 98.2 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). The rate has increased over the last three measurement periods.

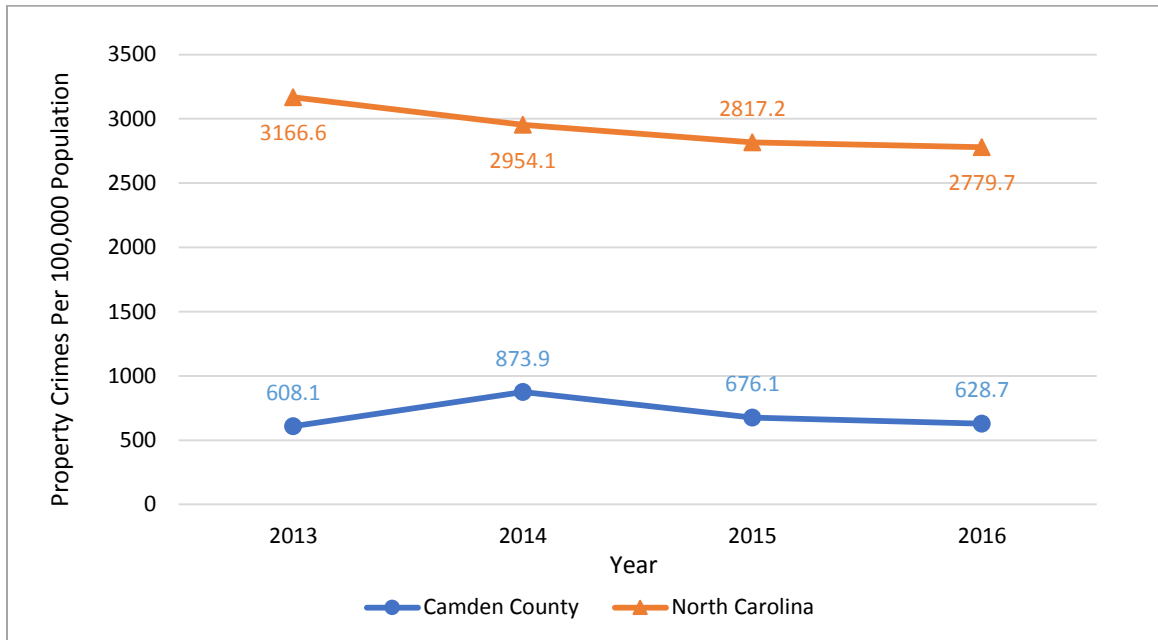
**Figure 31. Violent Crime Rate (North Carolina Department of Justice)**





The property crime rate in Camden County (628.7, per 100,000 people) is also lower than the state value (2,779.7 per 100,000 people) (Figure 32). As shown in Figure 31 and Figure 32, the violent crime rate in Camden County is increasing since 2014, whereas the property crime rate appears to be decreasing.

**Figure 32. Property Crime Rate (North Carolina Department of Justice)**



## Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Camden County (1.9) is higher than the rate in North Carolina (1.5) and the Health ENC region (1.1). The 2017 rate in Camden County is also higher than the previous measurement period (0.0% in 2016).

**Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)**

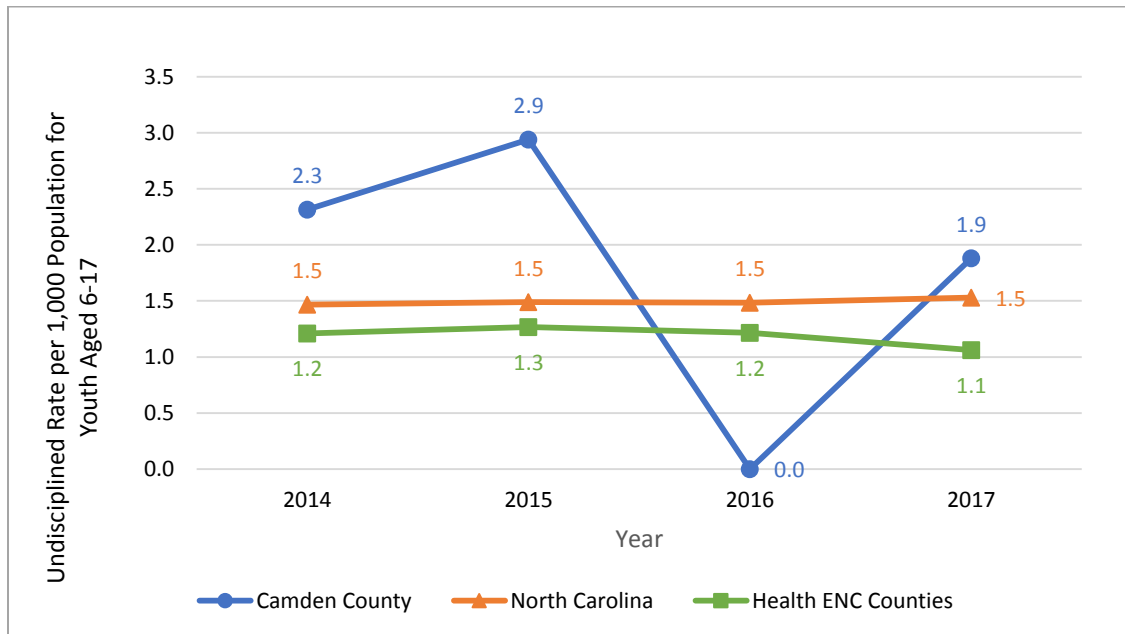


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Camden County decreased from 2014 to 2016, the rate increased from 1.5 in 2016 to 8.4 in 2017. The 2017 juvenile delinquent rate for Camden County (8.4) is lower than North Carolina (19.6) and the Health ENC region (22.8).

**Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)**

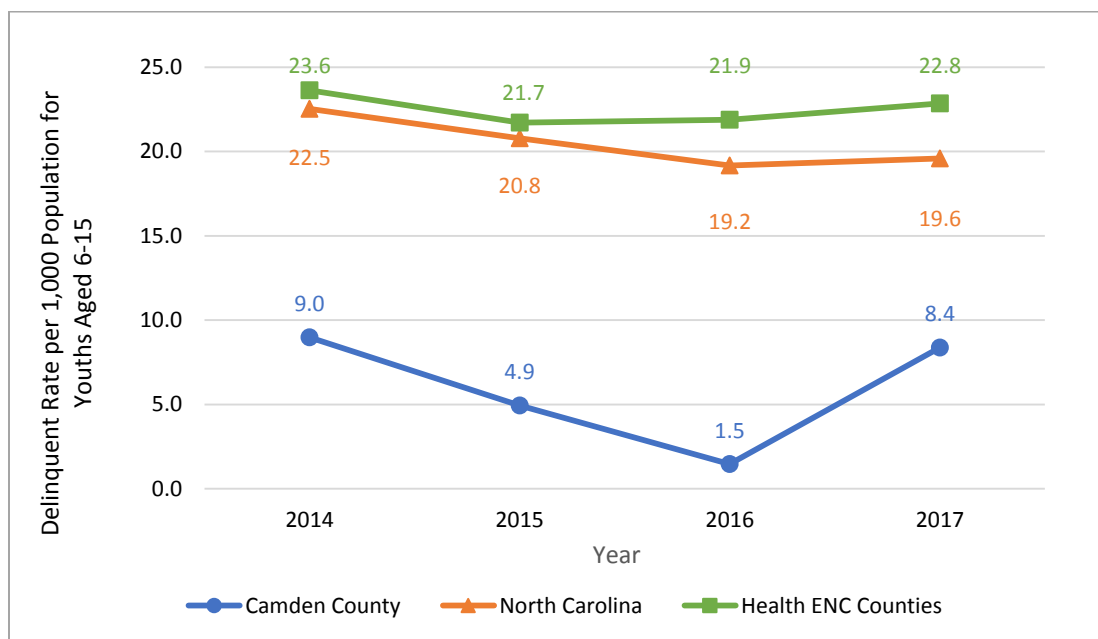
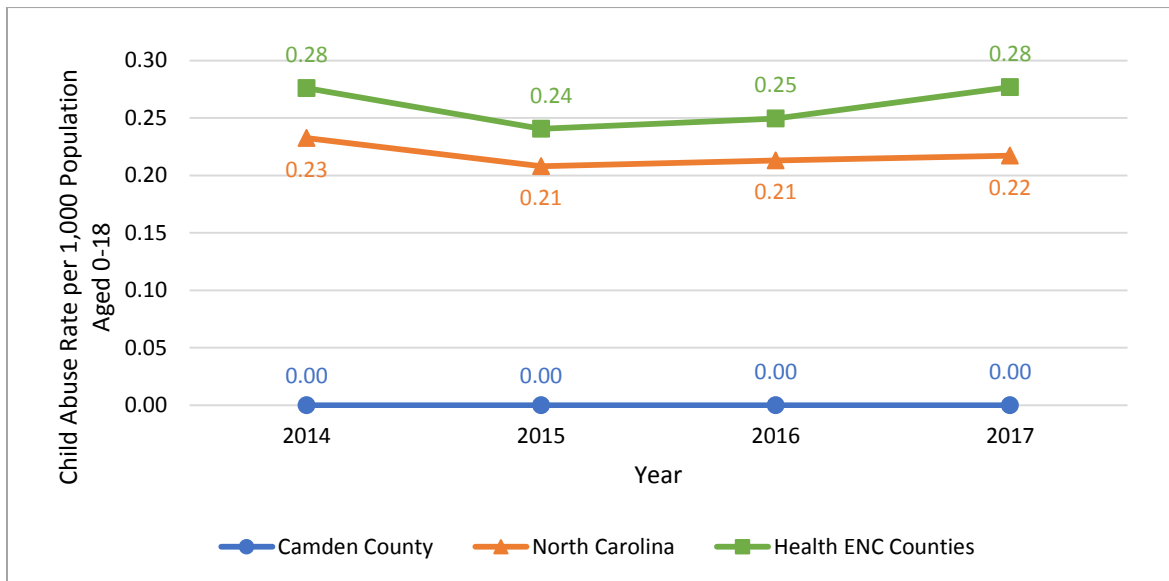


Figure 35

## Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Camden County (0.00 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28). The child abuse rate in Camden County has steadily remained at 0.00 per 1,000 population over the past four measurement periods.

**Figure 35. Child Abuse Rate**  
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

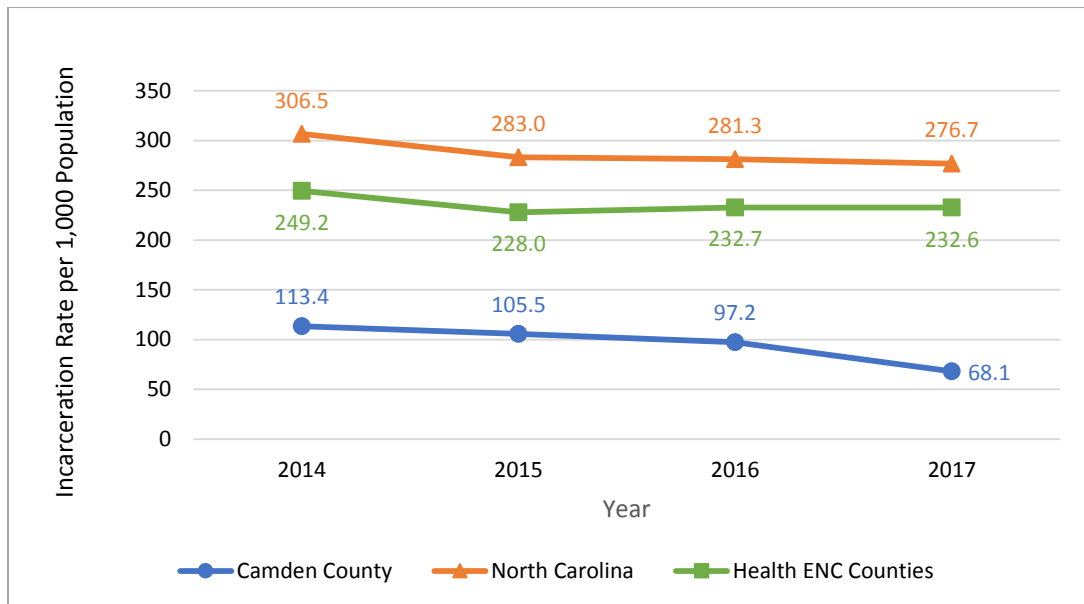


## Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 36 shows the incarceration rate per 1,000 population. The incarceration rate in Camden County has decreased over the past four measurement periods. The 2017 incarceration rate in Camden County (68.1 per 1,000 population) is lower than North Carolina (276.7) and the Health ENC region (232.6).

**Figure 36. Incarceration Rate (North Carolina Department of Public Safety)**



## Access to Healthcare, Insurance and Health Resources Information

### Health Insurance

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Camden County, 89.7%, is slightly higher than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). About 10% of the population in Camden County is uninsured.

**Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)**

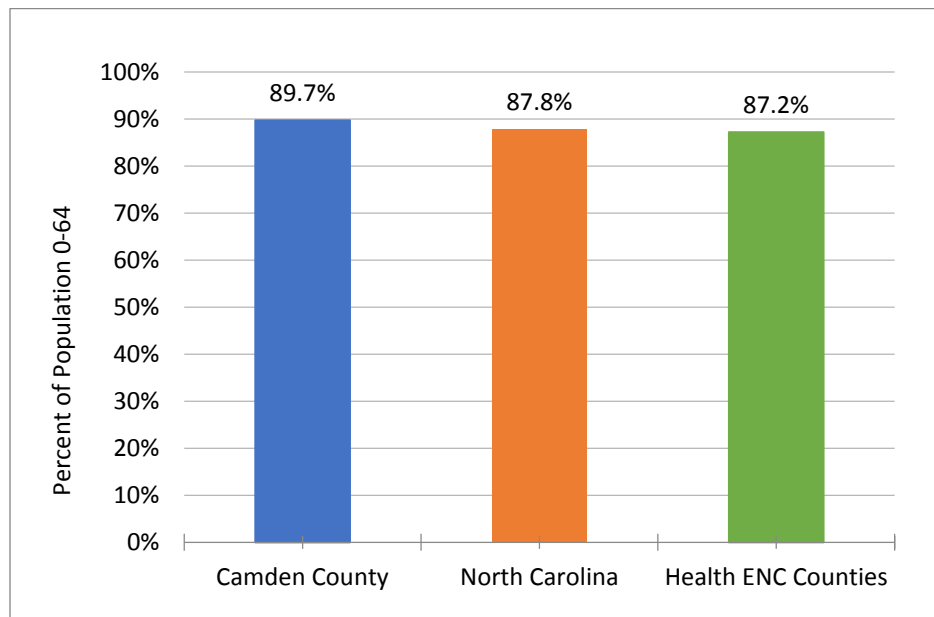
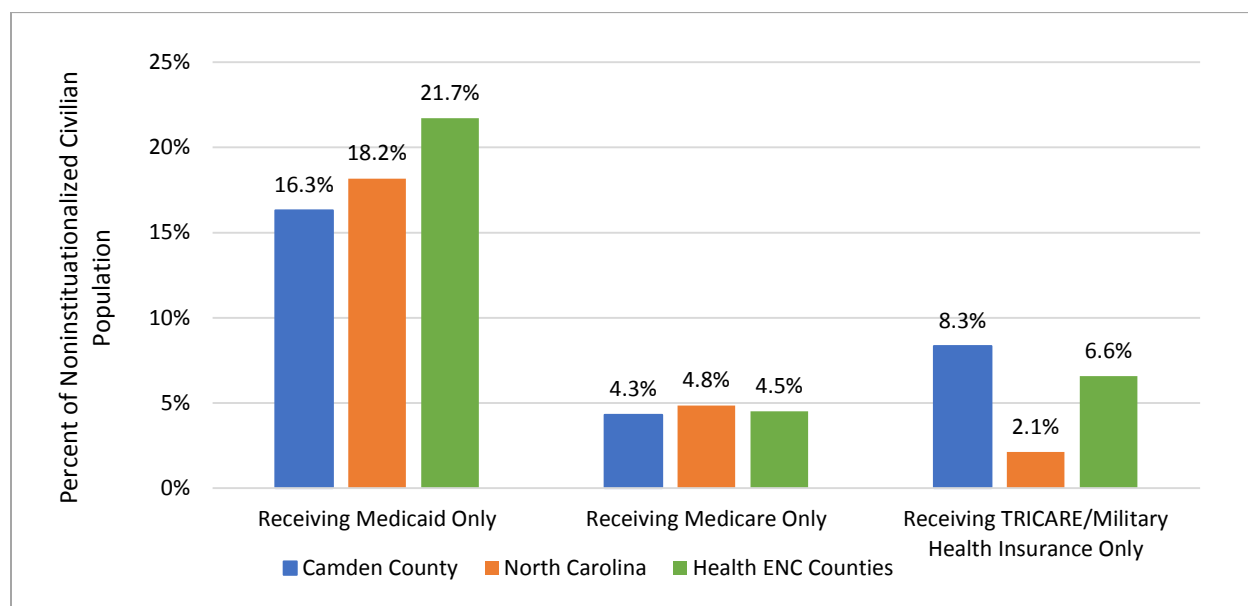


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Camden County has a lower percent of people receiving Medicaid (16.3%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving military health insurance is higher in Camden County (8.3%), as compared to North Carolina (2.1%) and Health ENC counties (6.6%).

**Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)**



# Civic Activity

## Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Camden County and Health ENC counties have the same percent of residents of voting age (76.7%), which is slightly lower than North Carolina (77.3%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

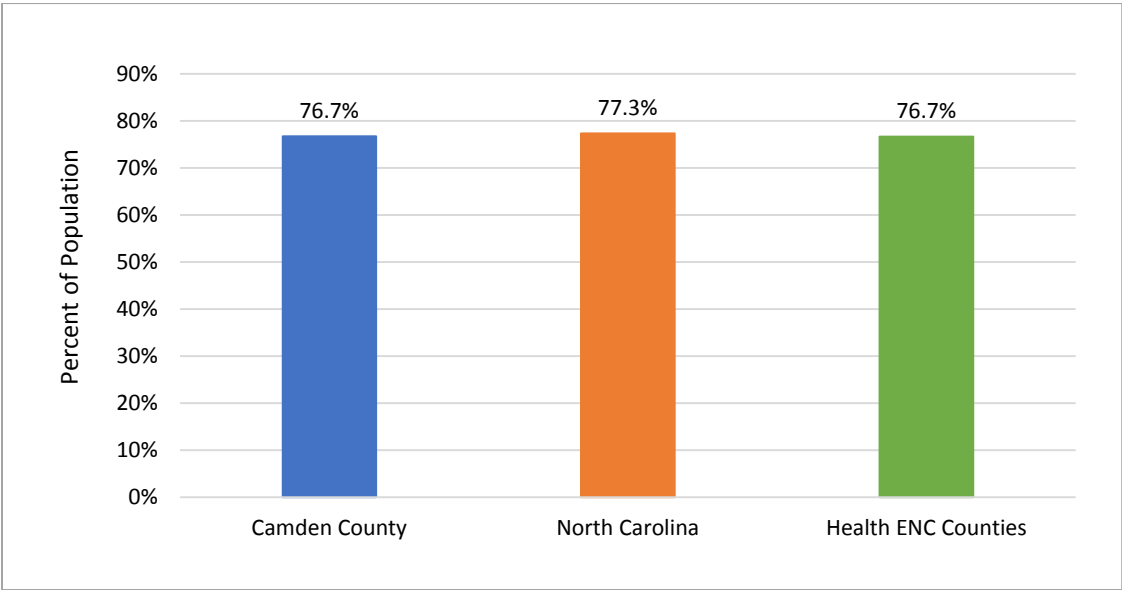
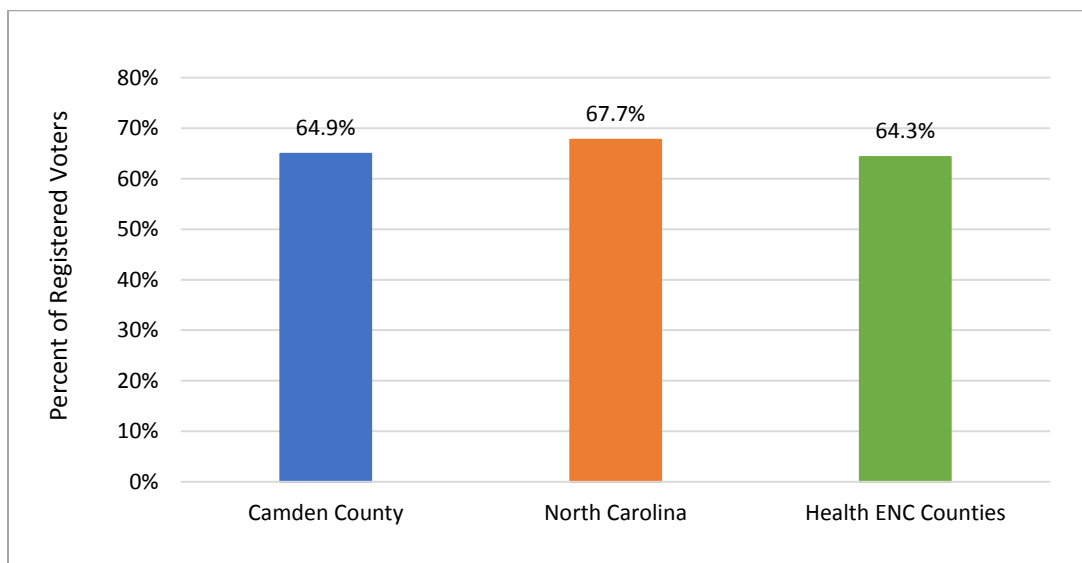




Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Camden County was 64.9%, which is lower than the state value (67.7%) and slightly higher than Health ENC counties (64.3%).

**Figure 40. Voter Turnout in the Last Presidential Election  
(North Carolina State Board of Elections, 2016)**



## Findings

### Secondary Data Scoring Results

Table 8 shows the data scoring results for Camden County by topic area. Topics with higher scores indicate greater need. Heart Disease & Stroke is the poorest performing health topic for Camden County, followed by Transportation, Access to Health Services, Older Adults & Aging, Diabetes and Mental Health & Mental Disorders.

**Table 8. Secondary Data Scoring Results by Topic Area**

Health and Quality of Life Topics	Score
Heart Disease & Stroke	2.07
Transportation	2.01
Access to Health Services	1.67
Older Adults & Aging	1.63
Diabetes	1.60
Mental Health & Mental Disorders	1.53

\*See Appendix A for additional details on the indicators within each topic area

### Primary Data

#### Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Camden County. Low income/poverty was the most frequently selected issue and was ranked by 29.7% of survey respondents, followed closely by Drugs/Substance Abuse (25.8%).

**Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents**

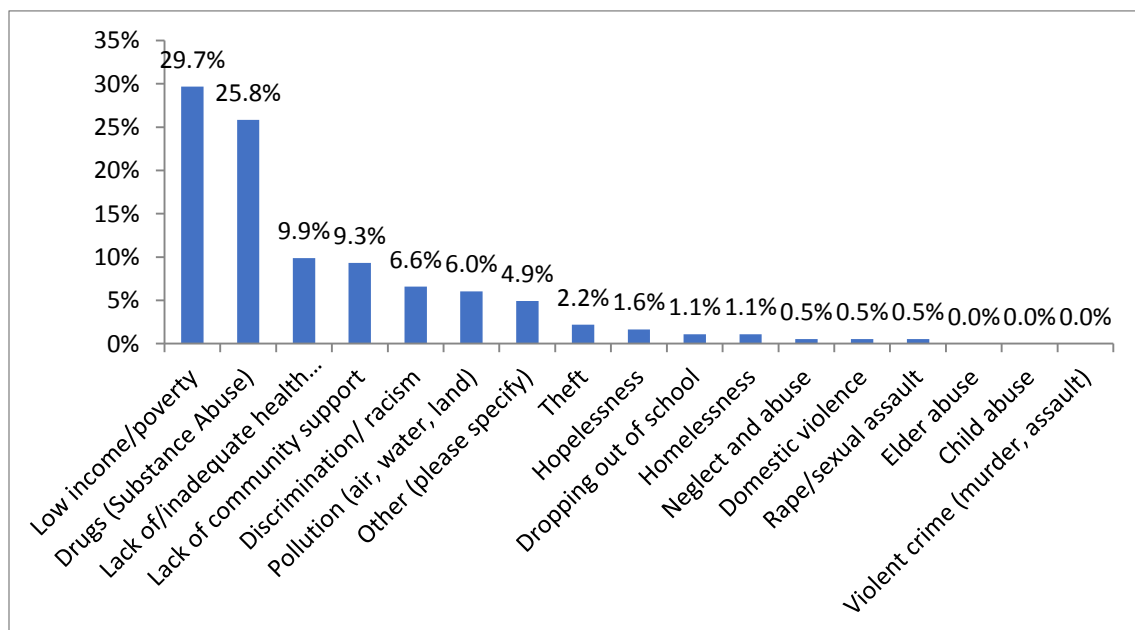


Figure 42 displays the level of agreement among Camden County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county is a good place to raise children, is a good place to grow old, is a safe place to live and has good parks and recreation facilities. Almost half of survey respondents disagreed (26%) or strongly disagreed (23%) that the county has good health care. Further, 55% of survey respondents either disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

**Figure 42. Level of Agreement Among Camden County Residents in Response to Nine Statements about their Community**

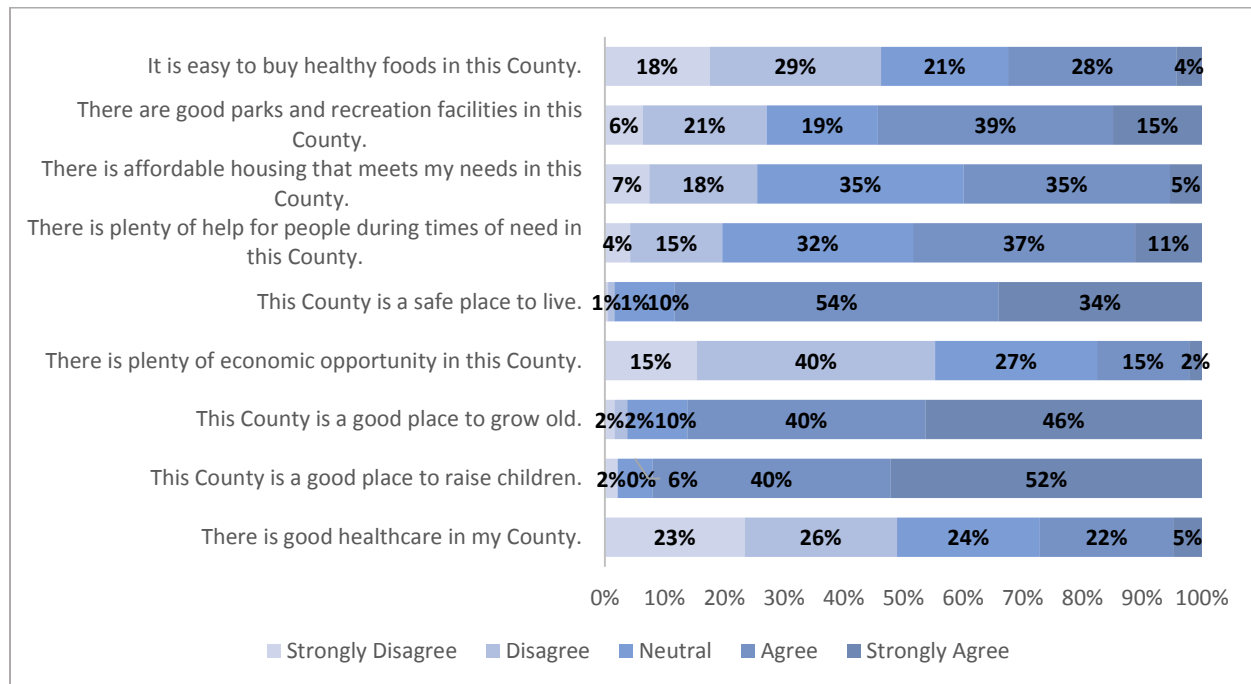


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Camden County. Availability of employment was the most frequently selected issue, followed by number of healthcare providers and higher paying employment.

**Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents**

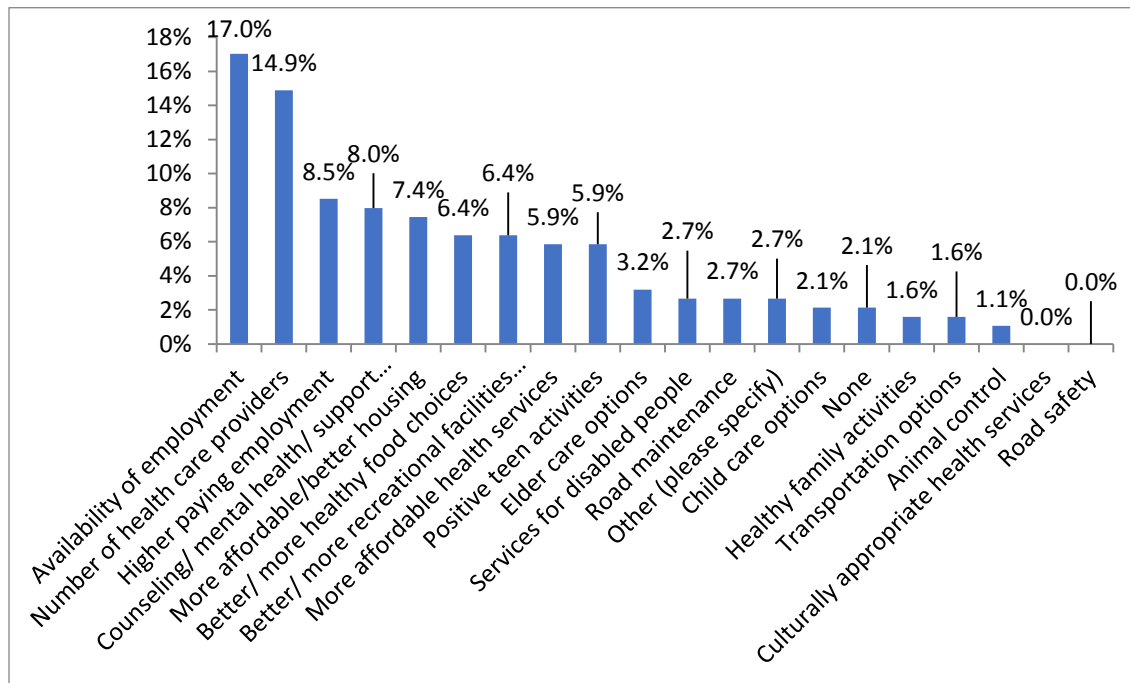
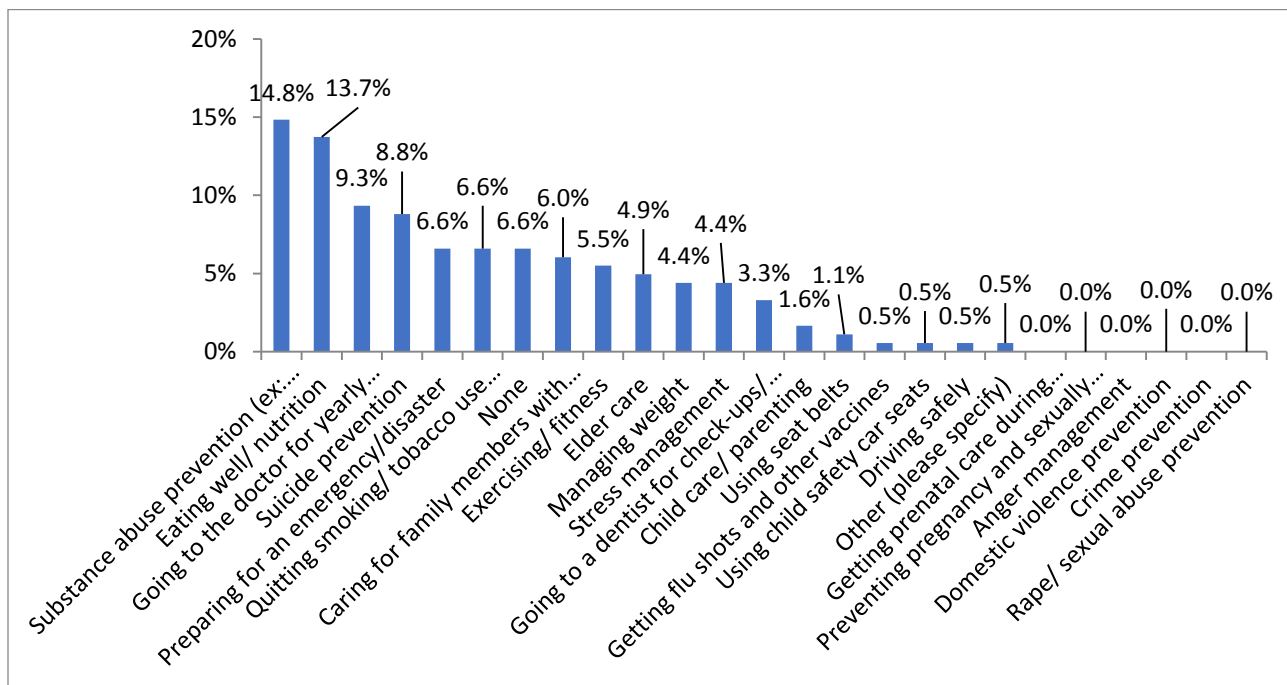


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Camden County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 14.8% of survey respondents. This was followed by other, eating well/nutrition, going to the doctor for yearly check-ups and screenings and suicide prevention.

**Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents**



### Focus Group Discussions

Table 9 shows the focus group results for Camden County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 10 are included in the overall list of significant health needs.

**Table 9. Focus Group Results by Topic Area**

<b>Topic Area (Code)</b>	<b>Frequency</b>
Exercise, Nutrition & Weight	12
Low-Income/Underserved	7
Social Environment	7
Access to Health Services	6
Built Environment	6

# Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Camden County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

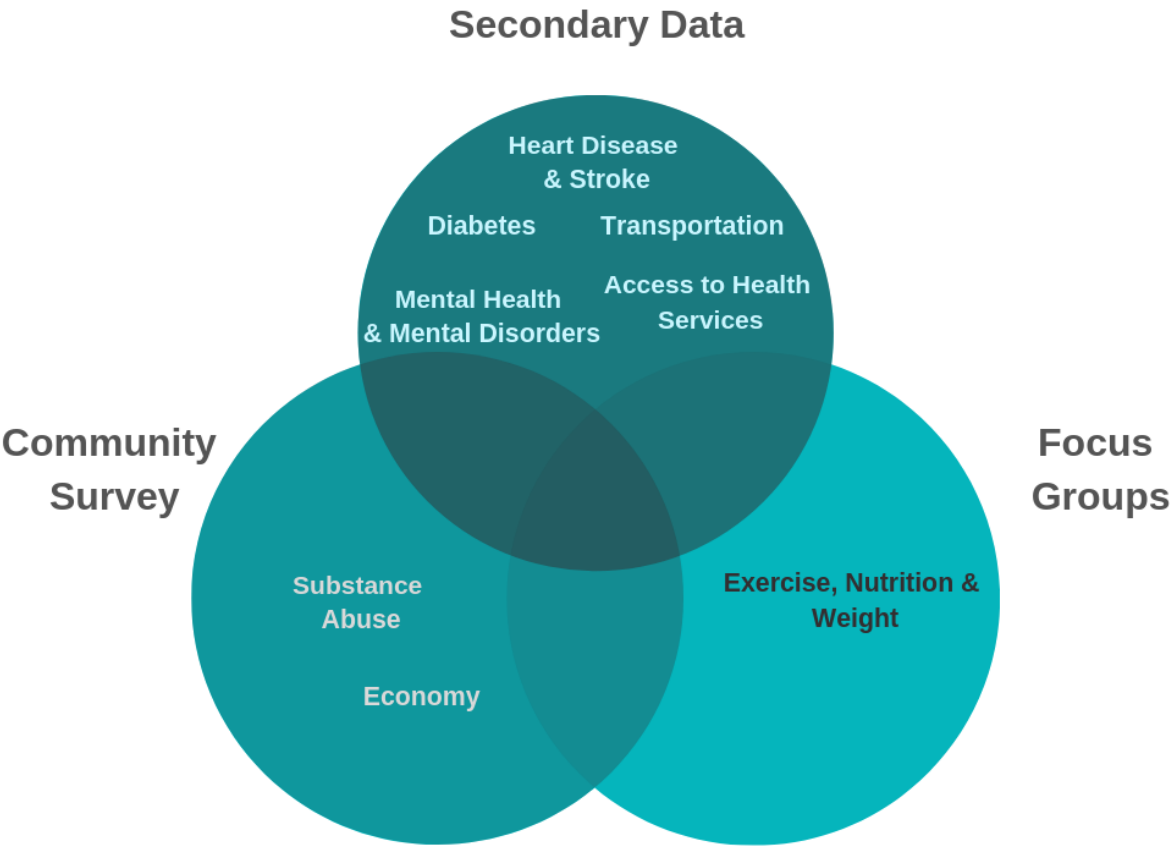
**Table 10. Criteria for Identifying the Top Needs from each Data Source**

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

\*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

Figure 45 displays the top needs from each data source in the Venn diagram.

**Figure 45. Data Synthesis**



As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.

**Topic Areas Examined in This Report**

Eight topic areas were identified as high scoring across the three data sources. These topics are listed in Table 11.

**Table 11. Topic Areas Examined In-Depth in this Report**

Access to Health Services*
Diabetes*
Economy
Exercise, Nutrition & Weight
Heart Disease & Stoke*
Mental Health & Mental Disorders*
Substance Abuse
Transportation*







The five topic areas with the highest secondary data scores (starred\*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called ‘Other Significant Health Needs’ which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in ‘Other Significant Health Needs’ includes Exercise, Nutrition & Weight, Economy and Substance Abuse.



## Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Camden County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

**Table 12. Description of Gauges and Icons used in Secondary Data Scoring**

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

## Heart Disease & Stroke















### Key Issues

- The age-adjusted death rate due to heart disease is a top scoring indicator and is significantly increasing over time
- Stroke, hypertension, hyperlipidemia and atrial fibrillation amongst the Medicare population is higher in Camden County than in North Carolina and the U.S.

### Secondary Data

The secondary data scoring results reveal Heart Disease & Stroke as the top need in Camden County with a score of 2.07. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 13.

**Table 13. Data Scoring Results for Heart Disease & Stroke**

Score	Indicator (Year) (Units)	Camden County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.35	Stroke: Medicare Population (2015) (percent)	4.4	3.9	4				-	-
2.5	Hypertension: Medicare Population (2015) (percent)	67.4	58	55				-	-
2.4	Age-Adjusted Death Rate due to Heart Disease (2012-2016) (deaths/ 100,000 population)	204.2	161.3	-				161.5	-
2.7	Hyperlipidemia: Medicare Population (2015) (percent)	54.9	46.3	44.6				-	-
2.5	Atrial Fibrillation: Medicare Population (2015) (percent)	9.4	7.7	8.1				-	-

*\*See Appendix A for full list of indicators included in each topic area*

### Primary Data

37.2% of survey participant reported being told by a health care professional that they had high blood pressure and 29.9% had been told they have high cholesterol. When asked about challenges to accessing health services

for themselves or a family member, 15.7% community survey respondents indicated that they had an issue in the past 12 months accessing health care services or provider. For those respondents who had experienced challenges accessing health care services or providers in the past 12 months, 13.8% indicated that they had trouble accessing a specialist. Indirectly related, community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may impact the population living with conditions related to heart disease and stroke. Heart Disease and Stroke related topics came up twice in the focus as a primary health concern in the community. One participant brought up cardiovascular disease as a health issue facing the community and another raised high blood pressure.

### **Highly Impacted Populations**

Data scoring analysis identified the Medicare population as a group highly impacted within the Heart Disease & Stroke topic area. No specific groups were identified in the primary data sources.

## Transportation
















### Key Issues

- Workers driving alone to work is significantly increasing over time
- Mean travel time to work is higher in Camden County than in North Carolina and the U.S. overall
- Less than 1% of workers commute to work via public transportation which does not meet the Healthy People 2020 Goal of 5.5%

### Secondary Data

Transportation was also a high scoring topic area identified in the secondary data analysis, with a score of 2.01. Table 14 highlights indicators of concern. This topics area includes indicators that address peoples commute to work and modes of transportation available in the community. The high scoring indicators in Transportation suggest that travel time to work is not improving over time and access to public transportation or walkable work options is very low or not available.

**Table 14. Data Scoring Results for Transportation**

Score	Indicator (Year) (Units)	Camden County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.70	Workers who Drive Alone to Work (2012-2016) (percent)	90.2	81.1	76.4				-	-
2.45	Workers who Walk to Work (2012-2016) (percent)	0	1.8	2.8				-	3.1
2.40	Mean Travel Time to Work (2012-2016) (minutes)	34	24.1	26.1				-	-
2.20	Workers Commuting by Public Transportation (2012-2016) (percent)	0.2	1.1	5.1				-	5.5
2.10	Solo Drivers with a Long Commute (2012-2016) (percent)	44.1	31.3	34.7				-	-

\*See Appendix A for full list of indicators included in each topic area

### **Primary Data**

According to survey results, transportation did not rank as one of the top services individuals in Camden County feel need the most improvement compared to other issues in the community. 1.6% of participants selected transportation as needing the most improvement in their neighborhood. Transportation was brought up six times in the focus group discussions by participants sharing that they found transportation a barrier to traveling long distances to medical appointments and commuting to work. One participant felt that the community would benefit from a county wide transportation system.

### **Highly Impacted Populations**

No specific groups were identified in the primary data sources.

## Access to Health Services







### Key Issues

- The mental health provider rate is a top health issue of concern and is significantly decreasing over time
- The primary care provider rate is much lower in Camden County than in North Carolina and the U.S., however, there is a suggestion in the time trend analysis that this may be increasing

### Secondary Data

The Access to Health Services received a data score of 1.67. This category includes indicators that address the health care providers available in the county which impact community members ability to seek care within their geographic area. Poor performing indicators related to the Access to Health Services are displayed in Table 15.

**Table 15. Data Scoring Results for Access to Health Services**

Score	Indicator (Year) (Units)	Camden County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.7	Mental Health Provider Rate (2017) (providers/100,000 population)	38.4	215.5	214.3				-	-
2.3	Primary Care Provider Rate (2015) (providers/100,000 population)	19.4	70.6	75.5				-	-

*\*See Appendix A for full list of indicators included in each topic area*

### Primary Data

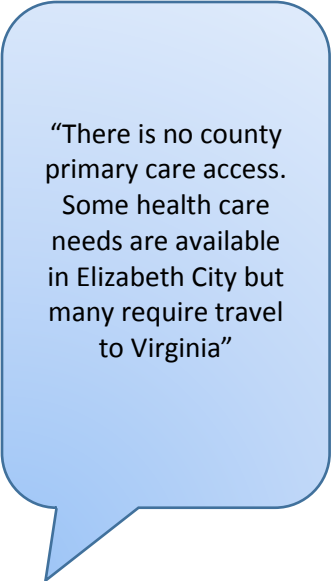
As previously summarized, more than half of community survey respondents have health insurance through an employer (53.2%) followed by Medicare (15.1%). Participants were asked where they most often go to seek medical treatment. Many sought care at a doctor's office (66.3%) followed by an urgent care center (19.25%). The majority of participants did not report any problems getting the health care they needed in the past 12 months (84.3%). For those who reported having difficulties accessing health care services, the most commonly

reported providers that they had trouble getting services from were a general practitioner (24.1%), other (24.1%) or a dentist (24.1%). The top reasons participants reported not being able to get the necessary health care they needed were they couldn't get an appointment (28.6%), insurance didn't cover what they needed (28.6%) or the share of the cost was too high (28.6%). 7.2% of participants reported being able to see the medical provider they needed within Camden County while most sought care in Pasquotank County (70.7%).

Focus Group participants frequently discussed barriers to accessing health services such as having to travel out of the county to for primary care, scheduling appointments with health care providers, affording the costs of health care and lack of transportation to medical centers. Senior citizens were brought up as a group who are unable to access medical services as easily because of financial restrictions and lack of access to transportation.

### **Highly Impacted Populations**

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Access to Health Services topic area indicators. Focus group participants brought up senior citizens as a group unable to access health care services.



"There is no county primary care access. Some health care needs are available in Elizabeth City but many require travel to Virginia"

## Mental Health & Mental Disorders









### Key Issues

- The age adjusted death rate due to suicide is a top health need in Camden County and is significant increasing over time
- The mental health provider rate is lower in Camden County than in North Carolina and the U.S.
- The age-adjusted death rate due to Alzheimer's disease is significantly increasing over time

### Secondary Data

Mental Health & Mental Disorders received a topic score of 1.53 through the secondary data analysis. Top scoring indicators of concern are displayed in Table 16. The age adjusted death rate due to suicide is 28.2 deaths per 100,000 population which is much higher in Camden County than in North Carolina and the U.S. This is a top area of concern as time trend analysis shows that this rate is significantly increasing over time. The mental health provider rate is significant decreasing over time and is much lower than in the state and U.S. In addition, the age-adjusted death rate due to Alzheimer's disease 31.5 deaths per 100,000 population and is significantly increasing over time.

**Table 16. Data Scoring Results for Mental Health & Mental Disorders**

Score	Indicator (Year) (Units)	Camden County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.78	Age-Adjusted Death Rate due to Suicide (2012-2016) (deaths/ 100,000 population)	28.2	12.9	13				8.3	10.2
2.7	Mental Health Provider Rate (2017) (providers/ 100,000 population)	38.4	215.5	214.3				-	-
2.03	Age-Adjusted Death Rate due to Alzheimer's Disease (2012-2016) (deaths/ 100,000 population)	31.5	31.9	26.6				-	-


*\*See Appendix A for full list of indicators included in each topic area*



## Primary Data

17.6% of survey participants, of those who responded to the question, have been told by a health professional that they have depression, anxiety or post-traumatic stress disorder. When asked what services need the most improvement in the community, counseling /mental health/support groups was the 4<sup>th</sup> highest ranked choice. 8.8% selected suicide prevention as the health behavior the community needs more information about.

Focus Group participants brought up mental health five times during discussion sessions as a top health issue facing the community. Participants shared their concerns for needing more resources dedicated to mental health in the community such as support groups and suicide prevention. One participant was concerned about an increase in suicide in the community over the past few years.



“More access to support groups and suicide prevention”

## Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within Diabetes topic area indicators. No specific groups were identified in the primary data sources.

## Diabetes







### Key Issues

- Diabetes amongst the Medicare population in Camden County has not improved nor gotten worse over time, however, is higher in North Carolina and the U.S.
- Adults over 20 with diabetes in Camden County may be increasing over time, although this change is not considered statistically significant it may be a health issue to closely monitor

### Secondary Data

From the secondary data scoring results, Diabetes was identified to be a top need in Camden County with a score of 1.60. There are two specific indicators with high scores that are areas of concern which are highlighted in Table 17.

**Table 17. Data Scoring Results for Diabetes**

Score	Indicator (Year) (Units)	Camden County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
1.9	Adults 20+ with Diabetes (2014) (percent)	11.8	11.1	10			
2.4	Diabetes: Medicare Population (2015) (percent)	34.7	28.4	26.5			

*\*See Appendix A for full list of indicators included in each topic area*

### Primary Data

Community survey respondents rated eating well/nutrition and going to the doctor for yearly checkups and screenings as topics the community needs more information about which may also impact the adult population living with Diabetes. 10.9% of community survey participants reported being told by a medical professional that they have diabetes and 39% had been told that they were overweight or obese. Diabetes was raised by five participants as an issue they see as impacting the community. Two participants discussed the need for access to diabetes support groups. One participant felt that juvenile diabetes was a top health issue in the community.

### Highly Impacted Populations

Data scoring analysis identified adults over 20 years old and the Medicare population as groups highly impacted within Diabetes topic area. Young children were identified in the primary data sources as a group impacted by Diabetes in the community.

## Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Camden County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

**Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)**

Camden County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Heart Diseases	73	228.4	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Cancer	54	143.6	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Accidental Injuries	18	Unreliable	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Cerebrovascular Diseases	13	Unreliable	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Influenza and Pneumonia	12	Unreliable	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Alzheimer's Disease	11	Unreliable	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Suicide	11	Unreliable	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Chronic Lower Respiratory Diseases	10	Unreliable	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	-	-	-	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	-	-	-	Septicemia	4,500	13.1	Septicemia	1,033	15.1

*\*Age-adjusted death rate per 100,000 population*

## Other Significant Health Needs

### Economy

#### Secondary Data

From the secondary data scoring results, the Economy was the 21<sup>st</sup> most pressing health need in Camden County with a score of 1.24. Top scoring related indicators include: Median Household Gross Rent (2.28), Total Employment Change (2.10) and Mortgaged Owners Median Monthly Household Costs (2.08).

#### Primary Data

Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Camden County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, availability of employment (17%) was 1<sup>st</sup> and higher paying employment was 3<sup>rd</sup> (8.5%). When asked to expand on services that could be improved, participants raised the need for more economic activity in the community. Over 50% of respondents disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

Focus group discussion also touched on key economic stressors: challenges with being able to afford healthy behaviors or activities and difficulties with being able to afford health care costs. One participant was concerned about Medicare gaps for those who are unable to afford the costs of prescriptions.

### Exercise, Nutrition & Weight

#### Secondary Data

From the secondary data scoring results, Exercise, Nutrition & Weight was the 8<sup>th</sup> most pressing health need in Camden County with a score of 1.43. Top scoring related indicators include: Workers who Walk to Work (2.45), Access to Exercise Opportunities (2.40) and Grocery Store Density (2.05).

#### Primary Data

Among community survey respondents, 43% rated their health is good and 30% rated their health as very good. However, 50% of respondents reported being told by a health professional that they were overweight and/or obese. Additionally, data from the community survey participants show that 42.2% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported primary reasons as not having enough time (33%), being too tired (33%) and their job is physical labor (24%). For those individuals that do exercise, 74% reported exercising or engaging in physical activity at home, while 19% do so at a park followed by a private gym (19%).



"Enhanced communication about healthy lifestyle activities and increase(d) services through the recreation department."

Exercise, Nutrition & Weight was discussed in all focus groups. Participants shared their concerns for access and affordable healthy foods in the community. Multiple participants shared concerns for sedentary lifestyles amongst adults and children in the community. Suggestions included providing more services or activities and recreational sites to help families stay physically active in the community. They shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when shopping or eating away from home. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight and exercise/nutrition were high frequency responses.

## Substance Abuse

### Secondary Data

From the secondary data scoring results, Substance Abuse was the 7<sup>th</sup> most pressing health need in Camden County with a score of 1.52. Top scoring related indicators include: Liquor Store Density (2.30) and Death Rate due to Drug Poisoning (2.10).

### Primary Data

Community survey participants ranked substance abuse (25.8%) as a top issue affecting quality of life in Camden County. Additionally, 14.8% of community survey respondents reported wanting to learn more about substance abuse prevention.

16% of survey participants reported currently using tobacco products. Of those who reported tobacco product use, 34% would go to a doctor if they wanted to quit and 26% stated that they did not want to quit. 48% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 32% were exposed in the home and 33% selected 'other', mostly adding that they had been exposed in other people's homes or outside. Most participants (79%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 8% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 98% reported no illegal drug use and 99% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<2%) in the past 30 days, 80% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, however, one participant specifically raised prescription drug misuse as an issue they saw needing to be addressed in the community. They specifically discussed increased access to opioid rehabilitation options.

## A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

### Older Adults & Aging

Older Adults & Aging health ranks as a top need in Camden County as determined by the secondary data scoring results; there are a number of indicators (21) contributing to its topic score of 1.63. The Medicare population is a group specifically impacted by health issues related to heart disease and stroke, cancer, and diabetes.

Hyperlipidemia amongst the Medicare population is particularly concerning which received a score of 2.70.

Hyperlipidemia amongst the Medicare population in Camden County is 549%, which is higher than the state value and national value. Other indicators of concern with a score of 2.50 are amongst the Medicare population including atrial fibrillation (9.4%), cancer (10.4%) and hypertension (67.4%).

### Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups.

Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Camden County, with significance determined by non-overlapping confidence intervals.

**Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities**

Health Indicator	Group(s) Disparately Affected*
Workers who Drive Alone to Work	16-19, Two or More Races
People 25+ with a High School Degree or Higher	65+, Asian
People 25+ with a Bachelor's Degree or Higher	65+
Per Capita Income	Asian, Two or More Races
People Living Below Poverty Level	6-11
Median Household Income	Asian

\*See [HealthENC.org](https://www.healthenc.org) for indicator values for population subgroups

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

### Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 27974 with an index value of 58.9, has the highest socioeconomic need within Camden County, potentially indicating poorer health outcomes for

its residents. See the [SocioNeeds Index](#)<sup>®</sup> for more details, including a map of Camden County zip codes and index values.

## Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Camden County. The assessment was further informed with input from Camden County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified seven significant health needs: Access to Health Services, Diabetes, Economy, Exercise, Nutrition & Weight, Heart Disease & Stroke, Mental Health & Mental Disorders, Substance Abuse and Transportation. The prioritization process identified three focus areas: (1) Healthy Lifestyle Behaviors (2) Access to Healthcare and (3) Mental Health/Substance Misuse.

### **Priority 1: Healthy Lifestyle Behaviors**

Health Indicators: Cardiovascular disease (including heart disease and stroke), diabetes, and respiratory diseases (such as COPD and asthma) are all long-term, or chronic, conditions that limit quality of life, require medical management and treatment, and are among the leading causes of death in Camden County. Committing to a healthy, active lifestyle is one of the most important ways to prevent chronic diseases.

Population At Risk: The Poor, Uninsured

Health Resources Available and/or Needed:

#### **Available Resources:**

Camden County Senior Center  
Camden County Parks and Recreation Programs  
Camden County Cooperative Extension  
Subdivision Walking Routes/Maps  
Dismal Swamp State Park  
Albemarle Regional Health Services  
Camden County Health Department – Health Educators  
Partnerships to Improve Community Health (PICH) Grant  
Farmers Markets, Farm stands, and Roadside Stands  
Carolina Access  
Camden County Schools - School Health  
Healthy Carolinians of the Albemarle (HCOTA)

#### **Resources Still Needed:**

Weight management programs  
Nutrition resources  
Fitness options for individuals with limited financial resources  
More access to healthy food – currently no grocery stores in county

### **Priority 2: Access to Healthcare**

Health Indicators: Participants in the small group discussions identified the limited availability of healthcare services as a barrier to good health in Camden County. With the small number of providers making scheduling difficult, respondents cited increasing wait times and travel barriers. Respondents reported struggling with the high cost of insurance, medications and doctor visits.

Population At Risk: Uninsured, Those with limited transportation options.

Health resources available/needed:

#### **Available Resources:**

Albemarle Regional Health Services  
Sentara Albemarle Medical Center

#### **Resources Still Needed:**

Medical Providers



Specialty Providers  
Urgent Care Center

**Priority 3: Mental Health/Substance Misuse**

Health Indicators: While some data is available pertaining to utilization of services pertaining to substance misuse, there is not much data describing the prevalence of individual diagnoses. During the focus group discussions, substance abuse prevention was the most frequently selected issue.

Population At Risk: The Poor, Uninsured, Elderly, Youth

Health resources available/needed:

**Available Resources:**

ARHS Behavioral Health

Trillium Health Resources

Integrated Family Services – Mobile Crisis

Albemarle Overdose Prevention Coalition

Community Care Plan of Eastern North Carolina

RI International

Family Resource Center

Quitline and ARHS Tobacco Prevention program to address youth substance misuse issues related to tobacco

**Resources Still Needed:**

More local mental health resources, counseling services

Inpatient treatment facilities

Following this process, Camden County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to [www.arhs-nc.org](http://www.arhs-nc.org).

# Appendix A. Secondary Data Scoring

## Overview

Data scoring consists of three stages, which are summarized in Figure 46:

### Comparison Score

For each indicator, Camden County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

### Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

### Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring

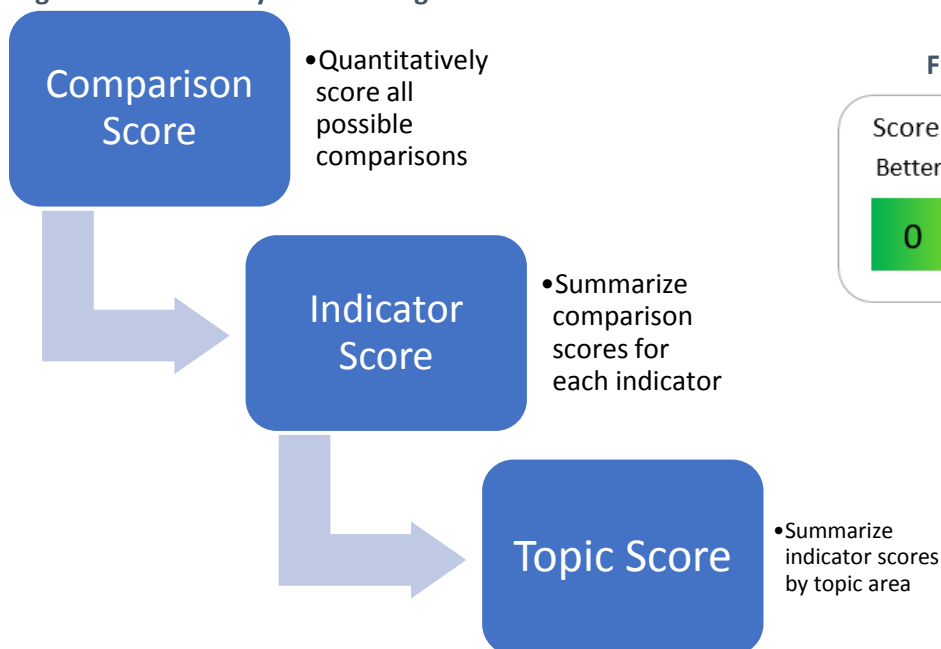
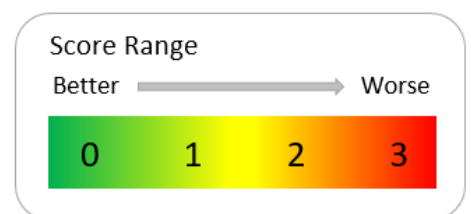


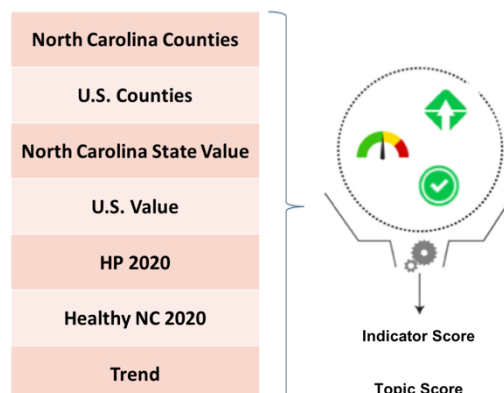
Figure 47. Score Range



## Comparison Scores

Up to 7 comparison scores were used to assess the status of Camden County. The possible comparisons are shown in Figure 48 and include a comparison of Camden County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 48. Comparisons used in Secondary



### Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on [HealthENC.org](https://www.healthenc.org) is visually represented as a green-yellow-red gauge showing how Camden County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).

Figure 49. Compare to Distribution Indicator



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Camden County falls within these four groups or quartiles.

Figure 50. Distribution of County Values



### Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Camden County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Figure 51. Comparison to Single Value



### Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Camden County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina

2020. Healthy People 2020<sup>2</sup> goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020<sup>3</sup> objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

**Figure 52. Comparison to Target Value**



## Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Camden County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

**Figure 53. Trend Over Time**



## Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

## Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

## Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

<sup>2</sup> For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

<sup>3</sup> For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

### **Age, Gender and Race/Ethnicity Disparities**

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

## Topic Scoring Table

Table 20 shows the Topic Scores for Camden County, with higher scores indicating a higher need.

**Table 20. Topic Scores for Camden County**

<b>Health and Quality of Life Topics</b>	<b>Score</b>
Heart Disease & Stroke	<b>2.07</b>
Transportation	<b>2.01</b>
Access to Health Services	<b>1.67</b>
Older Adults & Aging	<b>1.63</b>
Diabetes	<b>1.60</b>
Mental Health & Mental Disorders	<b>1.53</b>
Substance Abuse	<b>1.52</b>
Exercise, Nutrition, & Weight	<b>1.43</b>
Education	<b>1.41</b>
Environmental & Occupational Health	<b>1.41</b>
Environment	<b>1.39</b>
Maternal, Fetal & Infant Health	<b>1.39</b>
Social Environment	<b>1.37</b>
Other Chronic Diseases	<b>1.35</b>
County Health Rankings	<b>1.33</b>
Prevention & Safety	<b>1.31</b>
Respiratory Diseases	<b>1.27</b>
Mortality Data	<b>1.24</b>
Women's Health	<b>1.22</b>
Cancer	<b>1.22</b>
Economy	<b>1.20</b>
Immunizations & Infectious Diseases	<b>1.12</b>
Wellness & Lifestyle	<b>0.93</b>
Public Safety	<b>0.84</b>

## Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Camden County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on [HealthENC.org](http://HealthENC.org).

**Table 21. Indicator Scores by Topic Area**

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Mental Health Provider Rate	2017	providers/ 100,000 population	38.4	215.5	214.3				3
2.30	Primary Care Provider Rate	2015	providers/ 100,000 population	19.4	70.6	75.5				3
1.43	Clinical Care Ranking	2018	ranking	40						3
1.03	Persons with Health Insurance	2016	percent	89.7	87.8		100.0	92.0		16
0.90	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	46.4	49.0	49.9				17

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Cancer: Medicare Population	2015	percent	10.4	7.7	7.8				2
2.30	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	161.9	125.0	114.8				6

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.85	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	132.8	129.4	123.5			6
1.50	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	450.4	457.0	443.6			6
0.85	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	155.5	172.0	166.1	161.4		6
0.75	Mammography Screening: Medicare Population	2014	percent	71.2	67.9	63.1			17
0.50	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	53.9	70.0	61.2			6
0.35	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	34.5	50.7	44.7	45.5		6
0.35	Colorectal Cancer Incidence Rate	2009-2013	cases/ 100,000 population	32.4	38.4	40.6	39.9		6

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.40	Child Food Insecurity Rate	2016	percent	20.1	20.9	17.9				4
1.05	Children with Low Access to a Grocery Store	2015	percent	1.1						20

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.



SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.43	Clinical Care Ranking	2018	ranking	40						3
1.43	Physical Environment Ranking	2018	ranking	31						3
1.28	Health Behaviors Ranking	2018	ranking	11						3
1.28	Morbidity Ranking	2018	ranking	5						3
1.28	Mortality Ranking	2018	ranking	3						3
1.28	Social and Economic Factors Ranking	2018	ranking	6						3

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Diabetes: Medicare Population	2015	percent	34.7	28.4	26.5				2
1.90	Adults 20+ with Diabetes	2014	percent	11.8	11.1	10.0				3
1.05	Diabetic Monitoring: Medicare Population	2014	percent	89.4	88.8	85.2				17
1.03	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	20.4	23.0	21.1				15

SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
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•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.30	Households with Supplemental Security Income	2012-2016	percent	4.9	5.0	5.4				1
0.83	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	24.5	29.0	27.6				1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.28	Median Household Gross Rent	2012-2016	dollars	1136	816	949				1
2.10	Total Employment Change	2014-2015	percent	1.0	3.1	2.5				19
2.08	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1676	1243	1491				1
1.85	Households with Cash Public Assistance Income	2012-2016	percent	2.6	1.9	2.7				1
1.85	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	46.6	49.4	47.3		36.1		1
1.85	SNAP Certified Stores	2016	stores/ 1,000 population	0.6						20

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.65	Female Population 16+ in Civilian Labor Force	2012-2016	percent	56.5	57.4	58.3		1
1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	386	376	462		1
1.45	Population 16+ in Civilian Labor Force	2012-2016	percent	60.7	61.5	63.1		1
1.40	Child Food Insecurity Rate	2016	percent	20.1	20.9	17.9		4
1.40	Per Capita Income	2012-2016	dollars	26420	26779	29829	Asian, Two or More Races	1
1.30	Households with Supplemental Security Income	2012-2016	percent	4.9	5.0	5.4		1
1.28	Social and Economic Factors Ranking	2018	ranking	6				3
1.05	Children Living Below Poverty Level	2012-2016	percent	18.7	23.9	21.2		1
1.05	Families Living Below Poverty Level	2012-2016	percent	8.6	12.4	11.0		1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.05	Low-Income and Low Access to a Grocery Store	2015	percent	0.9					20
0.93	Median Housing Unit Value	2012-2016	dollars	216600	157100	184700			1
0.85	People Living 200% Above Poverty Level	2012-2016	percent	72.2	62.3	66.4			1
0.83	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	24.5	29.0	27.6			1
0.80	Food Insecurity Rate	2016	percent	12.1	15.4	12.9			4
0.75	People Living Below Poverty Level	2012-2016	percent	10.4	16.8	15.1	12.5	6-11	1
0.75	Unemployed Workers in Civilian Labor Force	April 2018	percent	3.5	3.7	3.7			18
0.70	Homeownership	2012-2016	percent	73.9	55.5	55.9			1
0.70	Young Children Living Below Poverty Level	2012-2016	percent	12.8	27.3	23.6			1
0.65	Median Household Income	2012-2016	dollars	60714	48256	55322		Asian	1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.65	Severe Housing Problems	2010-2014	percent	13.2	16.6	18.8				3
0.50	Students Eligible for the Free Lunch Program	2015-2016	percent	22.3	52.6	42.6				7
0.30	People 65+ Living Below Poverty Level	2012-2016	percent	2.5	9.7	9.3				1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.90	People 25+ with a High School Degree or Higher	2012-2016	percent	83.2	86.3	87.0			65+, Asian	1
1.70	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	20.4	29.0	30.3			65+	1
1.65	High School Graduation	2016-2017	percent	85.4	86.5		87.0	94.6		12
1.40	8th Grade Students Proficient in Math	2016-2017	percent	45.6	45.8					12
1.25	4th Grade Students Proficient in Math	2016-2017	percent	58.9	58.6					12
1.15	4th Grade Students Proficient in Reading	2016-2017	percent	74.7	57.7					12
1.15	8th Grade Students Proficient in Reading	2016-2017	percent	62.4	53.7					12

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.10	Student-to-Teacher Ratio	2015-2016	students/ teacher	14.8	15.6	17.7				7
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SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Access to Exercise Opportunities	2018	percent	38.1	76.1	83.1				3
2.30	Liquor Store Density	2015	stores/ 100,000 population	19.4	5.8	10.5				19
2.05	Grocery Store Density	2014	stores/ 1,000 population	0.0						20
1.85	SNAP Certified Stores	2016	stores/ 1,000 population	0.6						20
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.0						20
1.80	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.0						20
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	3.1						20
1.43	Physical Environment Ranking	2018	ranking	31						3
1.25	Houses Built Prior to 1950	2012-2016	percent	10.9	9.1	18.2				1
1.05	Children with Low Access to a Grocery Store	2015	percent	1.1						20

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.05	Low-Income and Low Access to a Grocery Store	2015	percent	0.9						20
1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.5						20
0.95	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.1						20
0.68	Drinking Water Violations	FY 2013-14	percent	0.0	4.0			5.0		3
0.65	Severe Housing Problems	2010-2014	percent	13.2	16.6	18.8				3
0.50	Food Environment Index	2018		8.5	6.4	7.7				3

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.60	Asthma: Medicare Population	2015	percent	8.4	8.4	8.2				2
1.43	Physical Environment Ranking	2018	ranking	31						3
1.20	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	77.4	90.9					9

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Workers who Walk to Work	2012-2016	percent	0.0	1.8	2.8	3.1			1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.40	Access to Exercise Opportunities	2018	percent	38.1	76.1	83.1	3
2.05	Grocery Store Density	2014	stores/ 1,000 population	0.0			20
1.85	SNAP Certified Stores	2016	stores/ 1,000 population	0.6			20
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.0			20
1.80	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.0			20
1.60	Adults 20+ who are Obese	2014	percent	31.1	29.6	28.0 30.5	3
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	3.1			20
1.40	Child Food Insecurity Rate	2016	percent	20.1	20.9	17.9	4
1.28	Health Behaviors Ranking	2018	ranking	11			3
1.05	Children with Low Access to a Grocery Store	2015	percent	1.1			20
1.05	Low-Income and Low Access to a Grocery Store	2015	percent	0.9			20

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.



1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.5						20
0.95	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.1						20
0.80	Adults 20+ who are Sedentary	2014	percent	23.1	24.3	23.0	32.6			3
0.80	Food Insecurity Rate	2016	percent	12.1	15.4	12.9				4
0.50	Food Environment Index	2018		8.5	6.4	7.7				3

SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.70	Voter Turnout: Presidential Election	2016	percent	64.9	67.7					13

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Hyperlipidemia: Medicare Population	2015	percent	54.9	46.3	44.6				2
2.50	Atrial Fibrillation: Medicare Population	2015	percent	9.4	7.7	8.1				2
2.50	Hypertension: Medicare Population	2015	percent	67.4	58.0	55.0				2

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.40	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	204.2	161.3			161.5		15
2.35	Stroke: Medicare Population	2015	percent	4.4	3.9	4.0				2
1.85	Ischemic Heart Disease: Medicare Population	2015	percent	26.4	24.0	26.5				2
1.60	Heart Failure: Medicare Population	2015	percent	13.2	12.5	13.5				2
0.68	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	33.1	43.1	36.9	34.8			15

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	23.7	17.8	14.8		13.5		15
2.05	AIDS Diagnosis Rate	2016	cases/ 100,000 population	11.4	7.0					10
1.15	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	7.7	16.1			22.2		10

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.73	Chlamydia Incidence Rate	2016	cases/ 100,000 population	220.8	572.4	497.3				10
0.73	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	38.4	194.4	145.8				10
0.68	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	0.0	2.2	2.0	3.3			15
0.60	Syphilis Incidence Rate	2016	cases/ 100,000 population	0.0	10.8	8.7				8
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0.0	2.0	3.0	1.0			10

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.03	Preterm Births	2016	percent	11.1	10.4	9.8	9.4			14
0.83	Babies with Very Low Birth Weight	2012-2016	percent	1.3	1.7	1.4	1.4			14
0.68	Babies with Low Birth Weight	2012-2016	percent	7.2	9.0	8.1	7.8			14

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	161.9	125.0	114.8				6
1.00	Life Expectancy for Males	2014	years	76.9	75.4	76.7		79.5		5

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
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•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.70	Mental Health Provider Rate	2017	providers/ 100,000 population	38.4	215.5	214.3				3
2.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	31.5	31.9	26.6				15
1.65	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.2	9.8	9.9				2
1.20	Poor Mental Health: Average Number of Days	2016	days	3.8	3.9	3.8		2.8		3
0.90	Frequent Mental Distress	2016	percent	11.1	12.3	15.0				3
0.70	Depression: Medicare Population	2015	percent	12.8	17.5	16.7				2

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	23.7	17.8	14.8		13.5		15
2.40	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	204.2	161.3			161.5		15

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.10	Death Rate due to Drug Poisoning	2006-2012	deaths/ 100,000 population	14.6	12.5	12.4		3
2.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	31.5	31.9	26.6		15
1.33	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	33.0	31.9	41.4	36.4	15
1.28	Mortality Ranking	2018	ranking	3				3
1.15	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	10.1	14.1			15
1.03	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	20.4	23.0	21.1		15
0.85	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	155.5	172.0	166.1	161.4	6
0.68	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	33.1	43.1	36.9	34.8	15

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

<b>0.68</b>	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	0.0	2.2	2.0	3.3		15
<b>0.63</b>	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	2.3	6.2	5.5	5.5	6.7	15
<b>0.50</b>	Premature Death	2014-2016	years/ 100,000 population	5420.2	7281.1	6658.1			3
<b>0.45</b>	Alcohol-Impaired Driving Deaths	2012-2016	percent	0.0	31.4	29.3		4.7	3
<b>0.35</b>	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	34.5	50.7	44.7	45.5		6

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
<b>2.70</b>	Hyperlipidemia: Medicare Population	2015	percent	54.9	46.3	44.6				2
<b>2.50</b>	Atrial Fibrillation: Medicare Population	2015	percent	9.4	7.7	8.1				2
<b>2.50</b>	Cancer: Medicare Population	2015	percent	10.4	7.7	7.8				2
<b>2.50</b>	Hypertension: Medicare Population	2015	percent	67.4	58.0	55.0				2
<b>2.40</b>	Diabetes: Medicare Population	2015	percent	34.7	28.4	26.5				2
<b>2.35</b>	Stroke: Medicare Population	2015	percent	4.4	3.9	4.0				2

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.20	Chronic Kidney Disease: Medicare Population	2015	percent	20.7	19.0	18.1	2
2.20	COPD: Medicare Population	2015	percent	13.2	11.9	11.2	2
2.03	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	31.5	31.9	26.6	15
1.85	Ischemic Heart Disease: Medicare Population	2015	percent	26.4	24.0	26.5	2
1.65	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	9.2	9.8	9.9	2
1.60	Asthma: Medicare Population	2015	percent	8.4	8.4	8.2	2
1.60	Heart Failure: Medicare Population	2015	percent	13.2	12.5	13.5	2
1.35	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.4	29.1	30.0	2
1.05	Diabetic Monitoring: Medicare Population	2014	percent	89.4	88.8	85.2	17

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.05	People 65+ with Low Access to a Grocery Store	2015	percent	0.5						20
0.75	Mammography Screening: Medicare Population	2014	percent	71.2	67.9	63.1				17
0.70	Depression: Medicare Population	2015	percent	12.8	17.5	16.7				2
0.50	Osteoporosis: Medicare Population	2015	percent	3.5	5.4	6.0				2
0.50	People 65+ Living Alone	2012-2016	percent	21.5	26.8	26.4				1
0.30	People 65+ Living Below Poverty Level	2012-2016	percent	2.5	9.7	9.3				1

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Chronic Kidney Disease: Medicare Population	2015	percent	20.7	19.0	18.1				2
1.35	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.4	29.1	30.0				2
0.50	Osteoporosis: Medicare Population	2015	percent	3.5	5.4	6.0				2

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.



SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.10	Death Rate due to Drug Poisoning	2006-2012	deaths/ 100,000 population	14.6	12.5	12.4				3
1.33	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	33.0	31.9	41.4	36.4			15
1.15	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	10.1	14.1					15
0.65	Severe Housing Problems	2010-2014	percent	13.2	16.6	18.8				3

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.15	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	10.1	14.1					15
1.05	Property Crime Rate	2016	crimes/ 100,000 population	628.7	2779.7					11
0.93	Violent Crime Rate	2016	crimes/ 100,000 population	98.2	374.9	386.3				11
0.63	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	2.3	6.2	5.5	5.5	6.7		15
0.45	Alcohol-Impaired Driving Deaths	2012-2016	percent	0.0	31.4	29.3		4.7		3

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.43	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	23.7	17.8	14.8		13.5		15
2.20	COPD: Medicare Population	2015	percent	13.2	11.9	11.2				2
1.60	Asthma: Medicare Population	2015	percent	8.4	8.4	8.2				2
1.20	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	77.4	90.9					9
0.58	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	0.0	2.0	3.0	1.0			10
0.50	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	53.9	70.0	61.2				6
0.35	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	34.5	50.7	44.7	45.5			6

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Mean Travel Time to Work	2012-2016	minutes	34.0	24.1	26.1				1
2.28	Median Household Gross Rent	2012-2016	dollars	1136	816	949				1

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.10	Total Employment Change	2014-2015	percent	1.0	3.1	2.5		19
2.08	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1676	1243	1491		1
1.90	People 25+ with a High School Degree or Higher	2012-2016	percent	83.2	86.3	87.0	65+, Asian	1
1.70	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	20.4	29.0	30.3	65+	1
1.70	Voter Turnout: Presidential Election	2016	percent	64.9	67.7			13
1.65	Female Population 16+ in Civilian Labor Force	2012-2016	percent	56.5	57.4	58.3		1
1.60	Social Associations	2015	membership associations/ 10,000 population	10.7	11.5	9.3		3
1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	386	376	462		1
1.45	Population 16+ in Civilian Labor Force	2012-2016	percent	60.7	61.5	63.1		1
1.40	Per Capita Income	2012-2016	dollars	26420	26779	29829	Asian, Two or More Races	1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.28	Social and Economic Factors Ranking	2018	ranking	6						3
1.05	Children Living Below Poverty Level	2012-2016	percent	18.7	23.9	21.2				1
1.05	Linguistic Isolation	2012-2016	percent	1.1	2.5	4.5				1
1.03	Persons with Health Insurance	2016	percent	89.7	87.8	100.0	92.0			16
1.00	Single-Parent Households	2012-2016	percent	30.6	35.7	33.6				1
0.93	Median Housing Unit Value	2012-2016	dollars	216600	157100	184700				1
0.75	People Living Below Poverty Level	2012-2016	percent	10.4	16.8	15.1	12.5	6-11		1
0.70	Homeownership	2012-2016	percent	73.9	55.5	55.9				1
0.70	Young Children Living Below Poverty Level	2012-2016	percent	12.8	27.3	23.6				1
0.65	Median Household Income	2012-2016	dollars	60714	48256	55322		Asian		1
0.50	People 65+ Living Alone	2012-2016	percent	21.5	26.8	26.4				1

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.30	Liquor Store Density	2015	stores/ 100,000 population	19.4	5.8	10.5				19

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.10	Death Rate due to Drug Poisoning	2006-2012	deaths/ 100,000 population	14.6	12.5	12.4			3
1.80	Adults who Drink Excessively	2016	percent	18.1	16.7	18.0	25.4		3
1.28	Health Behaviors Ranking	2018	ranking	11					3
1.20	Adults who Smoke	2016	percent	16.1	17.9	17.0	12.0	13.0	3
0.45	Alcohol-Impaired Driving Deaths	2012-2016	percent	0.0	31.4	29.3		4.7	3

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Workers who Drive Alone to Work	2012-2016	percent	90.2	81.1	76.4			16-19, Two or More Races	1
2.45	Workers who Walk to Work	2012-2016	percent	0.0	1.8	2.8	3.1			1
2.40	Mean Travel Time to Work	2012-2016	minutes	34.0	24.1	26.1				1
2.20	Workers Commuting by Public Transportation	2012-2016	percent	0.2	1.1	5.1	5.5			1
2.10	Solo Drivers with a Long Commute	2012-2016	percent	44.1	31.3	34.7				3
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	3.1						20

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.70	Households without a Vehicle	2012-2016	percent	2.8	6.3	9.0				1
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SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.28	Morbidity Ranking	2018	ranking	5						3
1.05	Life Expectancy for Females	2014	years	81.1	80.2	81.5		79.5		5
1.00	Life Expectancy for Males	2014	years	76.9	75.4	76.7		79.5		5
0.90	Insufficient Sleep	2016	percent	31.0	33.8	38.0				3
0.90	Poor Physical Health: Average Number of Days	2016	days	3.4	3.6	3.7				3
0.75	Self-Reported General Health Assessment: Poor or Fair	2016	percent	13.7	17.6	16.0		9.9		3
0.60	Frequent Physical Distress	2016	percent	10.1	11.3	15.0				3

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	CAMDEN COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.85	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	132.8	129.4	123.5				6
1.05	Life Expectancy for Females	2014	years	81.1	80.2	81.5		79.5		5

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.75	Mammography Screening: Medicare Population	2014	percent	71.2	67.9	63.1	17
------	--	------	---------	------	------	------	----

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

## Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

**Table 22. Indicator Sources and Corresponding Number Keys**

Number Key	Source
1	American Community Survey
2	Centers for Medicare & Medicaid Services
3	County Health Rankings
4	Feeding America
5	Institute for Health Metrics and Evaluation
6	National Cancer Institute
7	National Center for Education Statistics
8	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
9	North Carolina Department of Health and Human Services
10	North Carolina Department of Health and Human Services, Communicable Disease Branch
11	North Carolina Department of Justice
12	North Carolina Department of Public Instruction
13	North Carolina State Board of Elections
14	North Carolina State Center for Health Statistics
15	North Carolina State Center for Health Statistics, Vital Statistics
16	Small Area Health Insurance Estimates
17	The Dartmouth Atlas of Health Care
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Department of Agriculture - Food Environment Atlas



## Appendix B. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

# Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

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### Part 1: Quality of Life

*First, tell us a little bit about yourself...*

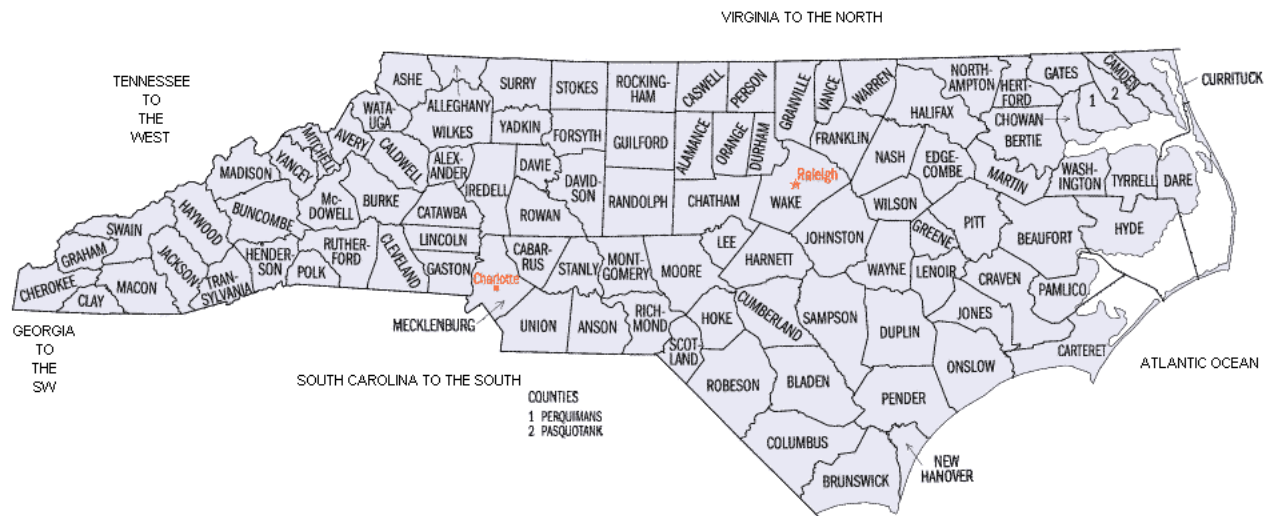
#### **1. Where do you currently live?**

ZIP/Postal Code

## 2. What county do you live in?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Dare	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

## North Carolina County Map



**3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.**

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to grow old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of economic opportunity in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of help for people during times of need in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is affordable housing that meets my needs in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good parks and recreation facilities in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to buy healthy foods in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PART 2: Community Improvement

*The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.*

**4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? (Please choose only one.)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pollution (air, water, land)        | <input type="checkbox"/> Discrimination/ racism    | <input type="checkbox"/> Domestic violence               |
| <input type="checkbox"/> Dropping out of school              | <input type="checkbox"/> Lack of community support | <input type="checkbox"/> Violent crime (murder, assault) |
| <input type="checkbox"/> Low income/poverty                  | <input type="checkbox"/> Drugs (Substance Abuse)   | <input type="checkbox"/> Theft                           |
| <input type="checkbox"/> Homelessness                        | <input type="checkbox"/> Neglect and abuse         | <input type="checkbox"/> Rape/sexual assault             |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Elder abuse               |  |
|  | <input type="checkbox"/> Child abuse               |  |
| <input type="checkbox"/> Hopelessness                        |  |  |
| <input type="checkbox"/> Other (please specify)              |  |  |

**5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Animal control                  | <input type="checkbox"/> Number of health care providers   | <input type="checkbox"/> Positive teen activities   |
| <input type="checkbox"/> Child care options              | <input type="checkbox"/> Culturally appropriate health services                                  | <input type="checkbox"/> Transportation options     |
| <input type="checkbox"/> Elder care options              | <input type="checkbox"/> Counseling/ mental health/ support groups                               | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Services for disabled people    | <input type="checkbox"/> Better/ more healthy food choices                                       | <input type="checkbox"/> Higher paying employment   |
| <input type="checkbox"/> More affordable health services | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) | <input type="checkbox"/> Road maintenance           |
| <input type="checkbox"/> More affordable/better housing  | <input type="checkbox"/> Healthy family activities   | <input type="checkbox"/> Road safety                |
|  |  | <input type="checkbox"/> None                       |

☐ Other (please specify)

### PART 3: Health Information

*Now we'd like to hear more about where you get health information...*

**6. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Eating well/<br>nutrition                                      | <input type="checkbox"/> Using child safety<br>car seats   | <input type="checkbox"/> Substance abuse<br>prevention (ex: drugs and<br>alcohol) |
| <input type="checkbox"/> Exercising/ fitness  | <input type="checkbox"/> Using seat belts  | <input type="checkbox"/> Suicide prevention                                       |
| <input type="checkbox"/> Managing weight  | <input type="checkbox"/> Driving safely  | <input type="checkbox"/> Stress<br>management                                     |
| <input type="checkbox"/> Going to a dentist<br>for check-ups/ preventive<br>care        | <input type="checkbox"/> Quitting smoking/<br>tobacco use prevention                               | <input type="checkbox"/> Anger<br>management                                      |
| <input type="checkbox"/> Going to the<br>doctor for yearly check-<br>ups and screenings | <input type="checkbox"/> Child care/<br>parenting  | <input type="checkbox"/> Domestic violence<br>prevention                          |
| <input type="checkbox"/> Getting prenatal<br>care during pregnancy                      | <input type="checkbox"/> Elder care  | <input type="checkbox"/> Crime prevention   |
| <input type="checkbox"/> Getting flu shots<br>and other vaccines                        | <input type="checkbox"/> Caring for family<br>members with special<br>needs/ disabilities          | <input type="checkbox"/> Rape/ sexual<br>abuse prevention                         |
| <input type="checkbox"/> Preparing for an<br>emergency/disaster                         | <input type="checkbox"/> Preventing<br>pregnancy and sexually<br>transmitted disease (safe<br>sex) | <input type="checkbox"/> None   |

☐ Other (please specify)

--

**7. Where do you get most of your health-related information? (*Please choose only one.*)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Friends and family     | <input type="checkbox"/> Internet          | <input type="checkbox"/> Employer        |
| <input type="checkbox"/> Doctor/nurse           | <input type="checkbox"/> My child's school | <input type="checkbox"/> Help lines      |
| <input type="checkbox"/> Pharmacist             | <input type="checkbox"/> Hospital          | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Church                 | <input type="checkbox"/> Health department |  |
| <input type="checkbox"/> Other (please specify) |  |  |



**8. What health topic(s)/ disease(s) would you like to learn more about?**

**9. Do you provide care for an elderly relative at your residence or at another residence?**  
(Choose only one.)

☐ Yes

☐ No

**10. Do you have children between the ages of 9 and 19 for whom you are the caretaker?**  
(Includes step-children, grandchildren, or other relatives.) (Choose only one.)

☐ Yes

☐ No *(if No, skip to question #12)*

**11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)**

☐ Dental hygiene

☐ Diabetes

☐ Drug abuse

☐ Nutrition

☐ management

☐ Reckless

☐ Eating disorders

☐ Tobacco

☐ driving/speeding

☐ Fitness/Exercise

☐ STDs (Sexually

☐ Mental health

☐ Asthma

☐ Transmitted Diseases)

☐ issues

☐ management

☐ Sexual intercourse

☐ Suicide prevention

☐ Alcohol

☐ Other (please specify)



## PART 4: Personal Health

*These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.*

### **12. Would you say that, in general, your health is... (Choose only one.)**

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

### **13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?**

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mammogram                 | <input type="checkbox"/> Bone density test     | <input type="checkbox"/> Vision screening         |
| <input type="checkbox"/> Prostate cancer screening | <input type="checkbox"/> Physical exam         | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam         | <input type="checkbox"/> Pap smear             | <input type="checkbox"/> Dental cleaning/X-rays   |
| <input type="checkbox"/> Blood sugar check         | <input type="checkbox"/> Flu shot              | <input type="checkbox"/> None of the above        |
| <input type="checkbox"/> Cholesterol check         | <input type="checkbox"/> Blood pressure check  |   |
| <input type="checkbox"/> Hearing screening         | <input type="checkbox"/> Skin cancer screening |   |

**15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)**

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

**16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (Choose only one.)**

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

**17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.**

**Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?**

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	

☐ Don' t know / not sure

**18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.**

**Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? (*Choose only one.*)**

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	

☐ Don' t know / not sure

*(if you responded 0, skip to question #20)*

**19. During the past 30 days, which illegal drug did you use? (*Check all that apply.*)**

- ☐ Marijuana
- ☐ Cocaine
- ☐ Heroin
- ☐ Other (please specify)

**20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? (Choose only one.)**

- |   |                            |                             |                             |                             |                             |                             |                             |
|---|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0                      | <input type="checkbox"/> 4 | <input type="checkbox"/> 8  | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1                      | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2                      | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3                      | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 |                             |
| <input type="checkbox"/> Don' t know / not sure |                            |                             |                             |                             |                             |                             |                             |

**21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)**

☐

Yes

☐

No *(if No, skip to question #23)*

**22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)**

☐

Yes

☐

No

**23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Choose only one.)**

☐

Yes

☐

No *(if No, skip to question #26)*

☐

Don't know/not sure *(if Don't know/not sure, skip to question #26)*

**24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?**

**25. Where do you go to exercise or engage in physical activity? (Check all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> YMCA                     | <input type="checkbox"/> Worksite/Employer       |
| <input type="checkbox"/> Park                     | <input type="checkbox"/> School Facility/Grounds |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home                    |
| <input type="checkbox"/> Private Gym              | <input type="checkbox"/> Place of Worship        |
| <input type="checkbox"/> Other (please specify)   |  |

*Since you responded YES to #23 (physical activity/exercise), skip to question #27.*

**26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.**

- |  |   |
|--|---|
| <input type="checkbox"/> My job is physical or hard labor  | <input type="checkbox"/> I don't like to exercise.                        |
| <input type="checkbox"/> Exercise is not important to me.  | <input type="checkbox"/> It costs too much to exercise.                   |
| <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> There is no safe place to exercise.              |
| <input type="checkbox"/> I don't have enough time to exercise.   | <input type="checkbox"/> I would need transportation and I don't have it. |
| <input type="checkbox"/> I would need child care and I don't have it.  | <input type="checkbox"/> I'm too tired to exercise.                       |
| <input type="checkbox"/> I don't know how to find exercise partners.   | <input type="checkbox"/> I'm physically disabled.                         |
|  | <input type="checkbox"/> I don't know                                     |



☐ Other (please specify)

--

**27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.**

**How many cups per week of fruits and vegetables would you say you eat? (*One apple or 12 baby carrots equal one cup.*)**

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

**28. Have you ever been exposed to secondhand smoke in the past year? (*Choose only one.*)**

☐

Yes

☐

No (*if No, skip to question #30*)

☐

Don't know/not sure (*if Don't know/not sure, skip to question #30*)

**29. If yes, where do you think you are exposed to secondhand smoke most often? (*Check only one.*)**

☐

Home

☐

Workplace

☐

Hospitals

☐

Restaurants

☐

School

☐

I am not exposed to secondhand smoke.

☐

Other (please specify)

**30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (Choose only one.)**

- ☐ Yes
- ☐ No *(if No, skip to question #32)*

**31. If yes, where would you go for help if you wanted to quit? (Choose only one).**

- |  |   |
|--|---|
| <input type="checkbox"/> Quit Line NC                | <input type="checkbox"/> Health Department                    |
| <input type="checkbox"/> Doctor                      | <input type="checkbox"/> I don't know                         |
| <input type="checkbox"/> Pharmacy                    | <input type="checkbox"/> Not applicable; I don't want to quit |
| <input type="checkbox"/> Private counselor/therapist |   |
| <input type="checkbox"/> Other (please specify)      |   |

**32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? (Choose only one.)**

- ☐ Yes, flu shot

- ☐ Yes, flu spray
- ☐ Yes, both
- ☐ No
- ☐ Don' t know/not sure

[Part 5: Access to Care/Family Health](#)

**33. Where do you go most often when you are sick? (*Choose only one.*)**

- |   |   |
|---|---|
| <input type="checkbox"/> Doctor's office        | <input type="checkbox"/> Medical clinic     |
| <input type="checkbox"/> Health department      | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital               |   |
| <input type="checkbox"/> Other (please specify) |   |

**34. Do you have any of the following types of health insurance or health care coverage? (*Choose all that apply.*)**

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)
- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

**35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Choose only one.)**

- ☐ Yes
- ☐ No *(if No, skip to question #38)*
- ☐ Don't know/not sure

**36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Dentist                                      | <input type="checkbox"/> Pharmacy/<br>prescriptions | <input type="checkbox"/> Hospital           |
| <input type="checkbox"/> General practitioner                         | <input type="checkbox"/> Pediatrician               | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Eye care/<br>optometrist/<br>ophthalmologist | <input type="checkbox"/> OB/GYN                     | <input type="checkbox"/> Medical Clinic     |
|   | <input type="checkbox"/> Health<br>department       | <input type="checkbox"/> Specialist         |

☐ Other (please specify)

**37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.**

- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

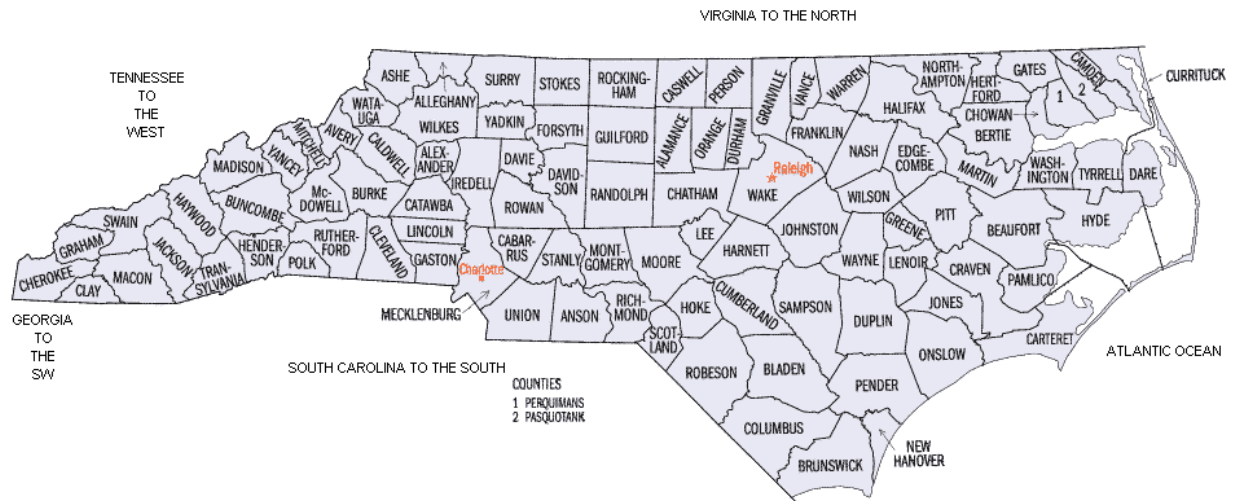
- ☐ My/our share of the cost (deductible/co-pay) was too high.
- ☐ Doctor would not take my/our insurance or Medicaid.
- ☐ Hospital would not take my/our insurance.
- ☐ Pharmacy would not take my/our insurance or Medicaid.
- ☐ Dentist would not take my/our insurance or Medicaid.
- ☐ No way to get there.
- ☐ Didn't know where to go.
- ☐ Couldn't get an appointment.
- ☐ The wait was too long.
- ☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

**38. In what county are most of the medical providers you visit located? (*Choose only one.*)**

- |   |                                    |                                      |                                       |
|---|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Beaufort               | <input type="checkbox"/>           | <input type="checkbox"/> Martin      | <input type="checkbox"/> Pitt         |
| <input type="checkbox"/> Bertie                 | <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Moore       | <input type="checkbox"/> Richmond     |
| <input type="checkbox"/> Bladen                 | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Nash        | <input type="checkbox"/> Robeson      |
| <input type="checkbox"/> Brunswick              | <input type="checkbox"/> Gates     | <input type="checkbox"/> New         | <input type="checkbox"/> Sampson      |
| <input type="checkbox"/> Camden                 | <input type="checkbox"/> Granville | <input type="checkbox"/> Hanover     | <input type="checkbox"/> Scotland     |
| <input type="checkbox"/> Carteret               | <input type="checkbox"/> Greene    | <input type="checkbox"/>             | <input type="checkbox"/> Tyrrell      |
| <input type="checkbox"/> Chowan                 | <input type="checkbox"/> Halifax   | <input type="checkbox"/> Northampton | <input type="checkbox"/> Vance        |
| <input type="checkbox"/> Columbus               | <input type="checkbox"/> Harnett   | <input type="checkbox"/> Onslow      | <input type="checkbox"/> Wake         |
| <input type="checkbox"/> Craven                 | <input type="checkbox"/> Hertford  | <input type="checkbox"/> Pamlico     | <input type="checkbox"/> Warren       |
| <input type="checkbox"/>                        | <input type="checkbox"/> Hoke      | <input type="checkbox"/>             | <input type="checkbox"/> Washington   |
| <input type="checkbox"/> Cumberland             | <input type="checkbox"/> Hyde      | <input type="checkbox"/> Pasquotank  | <input type="checkbox"/> Wayne        |
| <input type="checkbox"/> Currituck              | <input type="checkbox"/> Johnston  | <input type="checkbox"/> Pender      | <input type="checkbox"/> Wilson       |
| <input type="checkbox"/> Dare                   | <input type="checkbox"/> Jones     | <input type="checkbox"/>             | <input type="checkbox"/> The State of |
| <input type="checkbox"/> Duplin                 | <input type="checkbox"/> Lenoir    | <input type="checkbox"/> Perquimans  | <input type="checkbox"/> Virginia     |
| <input type="checkbox"/> Other (please specify) |                                    |                                      |                                       |

**North Carolina County Map**





**39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (*Choose only one.*)**

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

**40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (*Choose only one.*)**

- |  |   |
|--|---|
| <input type="checkbox"/> Private counselor or therapist    | <input type="checkbox"/> Don't know             |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor                 |
| <input type="checkbox"/> School counselor                  | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify)            |   |

## Part 6: Emergency Preparedness

**41. Does your household have working smoke and carbon monoxide detectors? (*Choose only one.*)**

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

**42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)**

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days)

**43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (*Check only one.*)**

- |  |  |
|--|--|
| <input type="checkbox"/> Television                  | <input type="checkbox"/> Social networking site                |
| <input type="checkbox"/> Radio                       | <input type="checkbox"/> Neighbors                             |
| <input type="checkbox"/> Internet                    | <input type="checkbox"/> Family                                |
| <input type="checkbox"/> Telephone (landline)        | <input type="checkbox"/> Text message (emergency alert system) |
| <input type="checkbox"/> Cell Phone                  | <input type="checkbox"/> Don't know/not sure                   |
| <input type="checkbox"/> Print media (ex: newspaper) |  |

☐ Other (please specify)

**44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?**

*(Check only one.)*

☐ Yes *(if Yes, skip to question #46)*

☐ No

☐ Don't know/not sure

**45. What would be the main reason you might not evacuate if asked to do so? (Check only one.)**

☐ Lack of transportation

☐ Concern about leaving pets

☐ Lack of trust in public officials

☐ Concern about traffic jams and inability to get out

☐ Concern about leaving property behind

☐ Health problems (could not be moved)

☐ Concern about personal safety

☐ Concern about family safety

☐ Don't know/not sure

☐ Other (please specify)

## Part 7: Demographic Questions

*The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.*

### **46. How old are you? (Choose only one.)**

- |                                |                                |                                      |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69       |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74       |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79       |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84       |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 or older |

### **47. What is your gender? (Choose only one.)**

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Other

### **48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).**

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)



**49. What is your race? (*Choose only one.*)**

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- ☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- ☐ Other race not listed here (please specify)

**50. Is English the primary language spoken in your home? (*Choose only one.*)**

- ☐ Yes
- ☐ No. If no, please specify the primary language spoken in your home.

**51. What is your marital status? (*Choose only one.*)**

- ☐ Never married/single
- ☐ Married
- ☐ Unmarried partner
- ☐ Divorced
- ☐ Widowed
- ☐ Separated

☐

Other (please specify)



**52. Select the highest level of education you have achieved. (Choose only one.)**

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High School graduate (or GED/equivalent)
- ☐ Associate's Degree or Vocational Training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

**53. What was your total household income last year, before taxes? (Choose only one.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$10,000   | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more    |

**54. Enter the number of individuals in your household (including yourself).**

**55. What is your employment status? (Check all that apply.)**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Disabled     |
| <input type="checkbox"/> Retired            | <input type="checkbox"/> Student      |

- ☐ Homemaker
- ☐ Self-employed
- ☐ Unemployed for 1 year or less
- ☐ Unemployed for more than 1  
year

**56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)?**  
**(Choose only one.)**

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

**57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.**

[Thank you for your time and participation!](#)

If you have questions about this survey, please contact us at [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

### Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

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#### PARTE 1: Calidad de vida

*Primero, cuéntenos un poco sobre usted:*

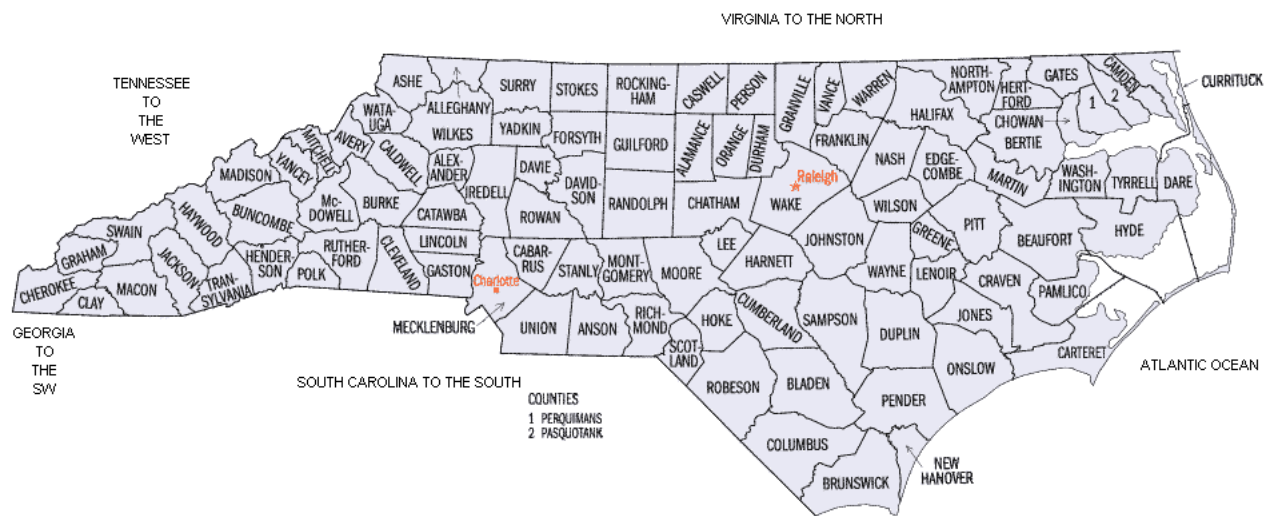
#### **3. ¿Dónde vive actualmente?**

Código postal

#### 4. ¿En qué condado vive?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Dare	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

#### Mapa del condado de Carolina del Norte



**3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.**

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para criar niños.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para envejecer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenas oportunidades económicas en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un lugar seguro para vivir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenos parques e instalaciones de recreación en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es fácil adquirir comidas saludables en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PARTE 2: Mejora de la comunidad

*La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.*

**4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Contaminación<br>(aire, agua, tierra)   | <input type="checkbox"/> Discriminación /<br>racismo       | <input type="checkbox"/> Violencia<br>doméstica                 |
| <input type="checkbox"/> Abandono de la<br>escuela               | <input type="checkbox"/> Falta de apoyo de<br>la comunidad | <input type="checkbox"/> Delito violento<br>(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /<br>pobreza             | <input type="checkbox"/> Drogas (Abuso de<br>sustancias)   | <input type="checkbox"/> Robo                                   |
| <input type="checkbox"/> Falta de hogar                          | <input type="checkbox"/> Descuido y abuso                  | <input type="checkbox"/> Violación /<br>agresión sexual         |
| <input type="checkbox"/> Falta de un seguro<br>de salud adecuado | <input type="checkbox"/> Maltrato a<br>personas mayores    |   |
| <input type="checkbox"/> Desesperación                           | <input type="checkbox"/> Abuso infantil                    |   |
| <input type="checkbox"/> Otros (especificar)                     |  |   |

**5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Control Animal      | <input type="checkbox"/> Número de          | <input type="checkbox"/> Actividades        |
| <input type="checkbox"/> Opciones de         | proveedores de atención                     | positivas para                              |
| cuidado infantil                             | médica                                      | adolescentes                                |
| <input type="checkbox"/> Opciones de         | <input type="checkbox"/> Servicios de salud | <input type="checkbox"/> Opciones de        |
| cuidado para ancianos                        | apropiados de acuerdo a                     | transporte                                  |
| <input type="checkbox"/> Servicios para      | su cultura                                  | <input type="checkbox"/> Disponibilidad de  |
| personas con                                 | <input type="checkbox"/> Consejería / salud | empleo                                      |
| discapacidad                                 | mental / grupos de apoyo                    | <input type="checkbox"/> Empleos mejor      |
| <input type="checkbox"/> Servicios de salud  | <input type="checkbox"/> Mejores y más      | pagados                                     |
| más accesibles                               | instalaciones recreativas                   | <input type="checkbox"/> Mantenimiento de   |
| <input type="checkbox"/> Mejores y más       | (parques, senderos,                         | carreteras                                  |
| opciones de alimentos                        | centros comunitarios)                       | <input type="checkbox"/> Carreteras seguras |
| saludables                                   | <input type="checkbox"/> Actividades        | <input type="checkbox"/> Ninguna            |
| <input type="checkbox"/> Más accesibilidad / | familiares saludables                       |   |
| mejores vivienda                             |   |   |
| <input type="checkbox"/> Otros (especificar) |   |   |



### PARTE 3: Información de salud

*Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.*

**6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Comer bien /<br>nutrición                                 | <input type="checkbox"/> Usar asientos de<br>seguridad para niños  | <input type="checkbox"/> transmisión sexual (sexo<br>seguro)   |
| <input type="checkbox"/> Ejercicio   | <input type="checkbox"/> Usar cinturones de<br>seguridad   | <input type="checkbox"/> Prevención del<br>abuso de sustancias (por<br>ejemplo, drogas y<br>alcohol) |
| <input type="checkbox"/> Manejo del peso   | <input type="checkbox"/> Conducir<br>cuidadosamente  | <input type="checkbox"/> Prevención del<br>suicidio  |
| <input type="checkbox"/> Ir a un dentista<br>para chequeos / cuidado<br>preventivo | <input type="checkbox"/> Dejar de fumar /<br>prevención del uso de<br>tabaco                                 | <input type="checkbox"/> Manejo del estrés   |
| <input type="checkbox"/> Ir al médico para<br>chequeos y exámenes<br>anuales       | <input type="checkbox"/> Cuidado de niños /<br>crianza   | <input type="checkbox"/> Control de la<br>ira/enojo  |
| <input type="checkbox"/> Obtener cuidado<br>prenatal durante el<br>embarazo        | <input type="checkbox"/> Cuidado de<br>ancianos  | <input type="checkbox"/> Prevención de<br>violencia doméstica  |
| <input type="checkbox"/> Recibir vacunas<br>contra la gripe y otras<br>vacunas     | <input type="checkbox"/> Cuidado de<br>miembros de familia con<br>necesidades especiales o<br>discapacidades | <input type="checkbox"/> Prevención del<br>crimen  |
| <input type="checkbox"/> Prepararse para<br>una emergencia /<br>desastre           | <input type="checkbox"/> Prevención del<br>embarazo y<br>enfermedades de                                     | <input type="checkbox"/> Violación /<br>prevención de abuso<br>sexual                                |
|  |  | <input type="checkbox"/> Ninguna   |

☐

Otros (especificar)

--

**7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Amigos y familia    | <input type="checkbox"/> La escuela de mi | <input type="checkbox"/> Líneas telefónicas |
| <input type="checkbox"/> Doctor /            | hijo                                      | de ayuda                                    |
| enfermera                                    | <input type="checkbox"/> Hospital         | <input type="checkbox"/> Libros / revistas  |
| <input type="checkbox"/> Farmacéutico        | <input type="checkbox"/> Departamento de  |   |
| <input type="checkbox"/> Iglesia             | salud                                     |   |
| <input type="checkbox"/> Internet            | <input type="checkbox"/> Empleador        |   |
| <input type="checkbox"/> Otros (especificar) |   |   |

**8. ¿De qué temas o enfermedades de salud le gustaría aprender más?**

**9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).**

- ☐ Sí
- ☐ No

**10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).**

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 12)*

**11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información?**  
(*Seleccione todas las opciones que corresponden*).

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Higiene dental      | <input type="checkbox"/> Manejo de la    | <input type="checkbox"/> Abuso de drogas |
| <input type="checkbox"/> Nutrición           | diabetes                                 | <input type="checkbox"/> Manejo          |
| <input type="checkbox"/> Trastornos de la    | <input type="checkbox"/> Tabaco          | imprudente / exceso de                   |
| alimentación                                 | <input type="checkbox"/> ETS             | velocidad                                |
| <input type="checkbox"/> Ejercicios          | (enfermedades de                         | <input type="checkbox"/> Problemas de    |
| <input type="checkbox"/> Manejo del asma     | transmisión sexual)                      | salud mental                             |
|  | <input type="checkbox"/> Relación sexual | <input type="checkbox"/> Prevención del  |
|  | <input type="checkbox"/> Alcohol         | suicidio                                 |
| <input type="checkbox"/> Otros (especificar) |  |  |

#### PARTE 4: Salud personal

*Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.*

**12. En general, diría que su salud es... (Elija solo una).**

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre
- ☐ No sé / no estoy seguro

**13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?**

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses?**  
(*Seleccione todas las opciones que corresponden*).

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mamografía        | <input type="checkbox"/> Prueba de         | <input type="checkbox"/> Examen de la vista |
| <input type="checkbox"/> Examen de cáncer  | densidad de los huesos                     | <input type="checkbox"/> Evaluación         |
| de próstata                                | <input type="checkbox"/> Examen físico     | cardiovascular (el                          |
| <input type="checkbox"/> Examen de colon / | <input type="checkbox"/> Prueba de         | corazón)                                    |
| recto                                      | Papanicolaou                               | <input type="checkbox"/> Limpieza dental /  |
| <input type="checkbox"/> Control de azúcar | <input type="checkbox"/> Vacuna contra la  | radiografías                                |
| en la sangre                               | gripe                                      | <input type="checkbox"/> Ninguna de las     |
| <input type="checkbox"/> Examen de         | <input type="checkbox"/> Control de la     | anteriores                                  |
| Colesterol                                 | presión arterial                           |   |
| <input type="checkbox"/> Examen de         | <input type="checkbox"/> Pruebas de cáncer |   |
| audición (escucha)                         | de piel                                    |   |

**15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (*Elija solo una*).**

- ☐ En el último año (en los últimos 12 meses)
- ☐ Hace 2 (más de un año pero menos de dos años)
- ☐ Hace más de 5 años (más de 2 años pero menos de 5 años)
- ☐ No sé / no estoy seguro
- ☐ Nunca

**16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (*Elija solo una*).**

- ☐ Sí

☐

No

☐

No sé / no estoy seguro

**17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.**

**Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?**

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

**18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.**

**¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (*Elija solo una*).**

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

**(Si su respuesta es 0, salte a la pregunta numero 20)**

**19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (*Marque todas las que corresponden*).**

<input type="checkbox"/>	Mariguana
<input type="checkbox"/>	Cocaína



- ☐ Heroína
- ☐ Otros (especificar)

**20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).**

- |                            |                            |                             |                             |                             |                             |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8  | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 |                             |
- ☐ No sé / no estoy seguro

**21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).**

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 23)*

**22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).**

- ☐ Sí
- ☐ No

**23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).**

☐

Sí

☐

No *(Si su respuesta es No, salte a la pregunta numero 26)*

☐

No sé / no estoy seguro *(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)*

**24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?**

**25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (Marque todas las que corresponden).**

- |   |   |
|---|---|
| <input type="checkbox"/> YMCA                         | <input type="checkbox"/> Sitio de trabajo / Empleador       |
| <input type="checkbox"/> Parque                       | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa                               |
| <input type="checkbox"/> Gimnasio privado             | <input type="checkbox"/> Iglesia                            |
| <input type="checkbox"/> Otros (especificar)          |   |

**Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27**

**26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.**

- |  |   |
|--|---|
| <input type="checkbox"/> Mi trabajo es trabajo físico o trabajo duro   | <input type="checkbox"/> Necesitaría cuidado de niños y no lo tengo.  |
| <input type="checkbox"/> El ejercicio no es importante para mí.  | <input type="checkbox"/> No sé cómo encontrar                         |
| <input type="checkbox"/> No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. | <input type="checkbox"/> compañeros de ejercicio.                     |
| <input type="checkbox"/> No tengo suficiente tiempo para hacer ejercicio.  | <input type="checkbox"/> No me gusta hacer ejercicio                  |
|  | <input type="checkbox"/> Me cuesta mucho hacer ejercicio.             |
|  | <input type="checkbox"/> No hay un lugar seguro para hacer ejercicio. |

☐ Necesito transporte y no lo tengo.

☐ Estoy físicamente deshabilitado.

☐ Estoy demasiado cansado para hacer

☐ No lo sé.

ejercicio.

☐ Otros (especificar)

**27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.**

**¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (*Una manzana o 12 zanahorias pequeñas equivalen a una taza*).**

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

**28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (*Elija solo una*).**

☐

Sí

☐

No (*Si su respuesta es No, salte a la pregunta numero 30*)

☐

No sé / no estoy seguro (*Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30*)

**29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (*Marque solo uno*)**

☐

Casa

☐

Lugar de trabajo

☐

Hospitales

☐

Restaurantes

☐

Colegio

☐

No estoy expuesto al humo de segunda mano.

☐

Otros (especificar)

**30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).**

☐

Sí

☐

No

*(Si su respuesta es No, salte a la pregunta numero 32)*

**31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (Elija solo una).**

☐

QUITLINE NC (ayuda por teléfono)

☐

Departamento de salud

☐

Doctor

☐

No lo sé

☐

Farmacia

☐

No aplica; No quiero renunciar

☐

Consejero / terapeuta privado

☐

Otros (especificar)

**32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray "FluMist"? (Elija solo una).**

☐

Sí, vacuna contra la gripe

☐

Sí, FluMist

- ☐ Si ambos
- ☐ No
- ☐ No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

**33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)**

- |  |  |
|--|--|
| <input type="checkbox"/> Oficina del doctor    | <input type="checkbox"/> Clínica Médica            |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital              |  |
| <input type="checkbox"/> Otros (especificar)   |  |

**34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)**

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o el VA
- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo



**35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)**

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 38)*
- ☐ No sé / no estoy seguro

**36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dentista  | <input type="checkbox"/> Pediatra                 | <input type="checkbox"/> Centro de atención |
| <input type="checkbox"/> Médico general                                      | <input type="checkbox"/> Ginecologo               | <input type="checkbox"/> urgente            |
| <input type="checkbox"/> Cuidado de los ojos /<br>optometrista / oftalmólogo | <input type="checkbox"/> Departamento<br>de salud | <input type="checkbox"/> Clínica Médica     |
| <input type="checkbox"/> Farmacia / recetas<br>médicas                       | <input type="checkbox"/> Hospital                 | <input type="checkbox"/> Especialista       |
| <input type="checkbox"/> Otros (especificar)                                 |   |   |

**37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.**

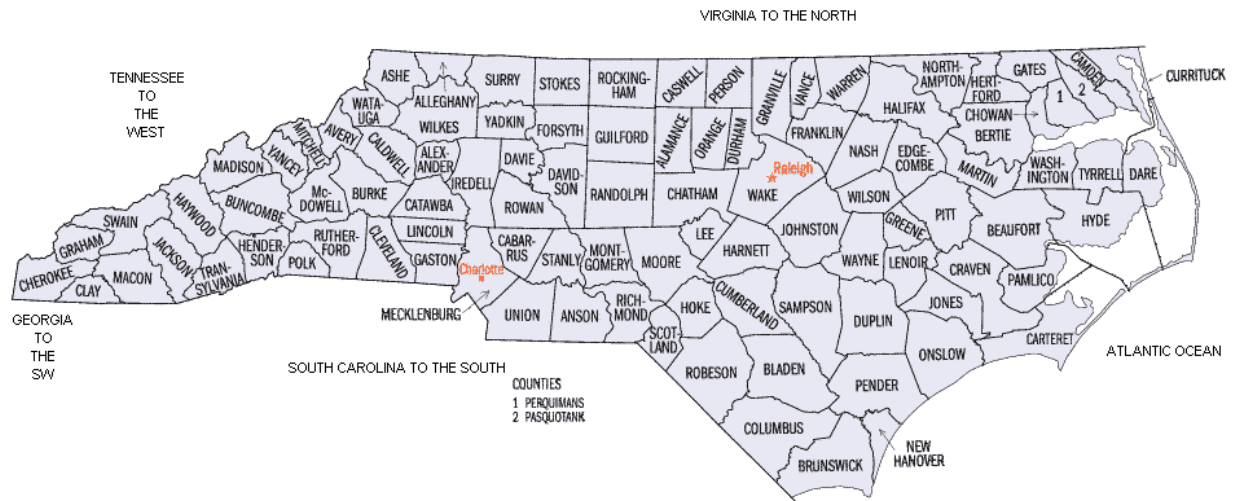
- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

- ☐ El costo del deducible del seguro era demasiado alto
- ☐ El doctor no aceptaba el seguro ni el Medicaid.
- ☐ El hospital no aceptaba el seguro.
- ☐ La farmacia no aceptaba el seguro ni el Medicaid.
- ☐ El dentista no aceptaba el seguro ni el Medicaid.
- ☐ No tengo ninguna manera de llegar allí.
- ☐ No sabía a dónde ir.
- ☐ No pude conseguir una cita.
- ☐ La espera fue demasiado larga.
- ☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

**38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (*Elija solo uno*)**

<input type="checkbox"/> Beaufort	<input type="checkbox"/>	<input type="checkbox"/> Martin	<input type="checkbox"/> Pitt
<input type="checkbox"/> Bertie	Edgecombe	<input type="checkbox"/> Moore	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bladen	<input type="checkbox"/> Franklin	<input type="checkbox"/> Nash	<input type="checkbox"/> Robeson
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Gates	<input type="checkbox"/> New	<input type="checkbox"/> Sampson
<input type="checkbox"/> Camden	<input type="checkbox"/> Granville	Hanover	<input type="checkbox"/> Scotland
<input type="checkbox"/> Carteret	<input type="checkbox"/> Greene	<input type="checkbox"/>	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Chowan	<input type="checkbox"/> Halifax	Northampton	<input type="checkbox"/> Vance
<input type="checkbox"/> Columbus	<input type="checkbox"/> Harnett	<input type="checkbox"/> Onslow	<input type="checkbox"/> Wake
<input type="checkbox"/> Craven	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Warren
<input type="checkbox"/>	<input type="checkbox"/> Hoke	<input type="checkbox"/>	<input type="checkbox"/> Washington
Cumberland	<input type="checkbox"/> Hyde	Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Dare	<input type="checkbox"/> Jones	<input type="checkbox"/>	<input type="checkbox"/> El Estado de
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	Perquimans	Virginia
<input type="checkbox"/> Otros (especificar)			

**Mapa del condado de Carolina del Norte**



**39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (Elija solo uno)**

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

**40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)**

- |  |   |
|--|---|
| <input type="checkbox"/> Consejero o terapeuta privado | <input type="checkbox"/> No sé                          |
| <input type="checkbox"/> Grupo de apoyo                | <input type="checkbox"/> Doctor                         |
| <input type="checkbox"/> Consejero de la escuela       | <input type="checkbox"/> Pastor o funcionario religioso |
| <input type="checkbox"/> Otros (especificar)           |   |

#### PARTE 6: Preparación para emergencias

**41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? (Elija solo uno)**

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No



**42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)**

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

**43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)**

- |  |   |
|--|---|
| <input type="checkbox"/> Televisión                  | <input type="checkbox"/> Sitio de red social                                |
| <input type="checkbox"/> Radio                       | <input type="checkbox"/> Vecinos  |
| <input type="checkbox"/> Internet                    | <input type="checkbox"/> Familia  |
| <input type="checkbox"/> Línea de teléfono en casa   | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular            | <input type="checkbox"/> No sé / no estoy seguro                            |
| <input type="checkbox"/> Medios impresos (periódico) |   |
| <input type="checkbox"/> Otros (especificar)         |   |

**44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? (Elija solo uno)**

- ☐ Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*

☐

No

☐

No sé / no estoy seguro



**45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?**  
(*Marque solo uno*)

☐

Falta de transporte

☐

Preocupación por la seguridad familiar

☐

La falta de confianza en los funcionarios públicos

☐

Preocupación por dejar mascotas

☐

Preocupación por dejar atrás la propiedad

☐

Preocupación por los atascos de tráfico y la imposibilidad de salir

☐

Preocupación por la seguridad personal

☐

Problemas de salud (no se pudieron mover)

☐

No sé / no estoy seguro

☐

Otros (especificar)

## PARTE 7: Preguntas demográficas

*La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.*

### **46. ¿Qué edad tiene? (Elija solo uno)**

- |                                |                                |                                   |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69    |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74    |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79    |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84    |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 o más |

### **47. ¿Cuál es tu género? (Elija solo uno)**

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

### **48. ¿Eres de origen hispano, latino o español? (Elija solo uno)**

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)



**49. ¿Cuál es su raza? (*Elija solo uno*)**

- ☐ Blanco
- ☐ Negro o Afroamericano
- ☐ Indio Americano o nativo de Alaska
- ☐ Indio Asiático
- ☐ Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- ☐ Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- ☐ Otra raza no incluida aquí (especifique)

**50. ¿El inglés es el idioma principal que se habla en su hogar? (*Elija solo uno*)**

- ☐ Sí
- ☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

**51. ¿Cuál es tu estado civil? (*Elija solo uno*)**

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo

☐

Separado

☐

Otros (especificar)

--

**52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)**

- ☐ Menos de 9no grado
- ☐ 9-12 grado, sin diploma
- ☐ Graduado de secundaria (o GED / equivalente)
- ☐ Grado Asociado o Formación Profesional
- ☐ Un poco de universidad (sin título)
- ☐ Licenciatura
- ☐ Licenciado o título profesional
- ☐ Otros (especificar)

**53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? (Elija solo uno)**

- |  |  |
|--|--|
| <input type="checkbox"/> Menos de \$10,000   | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más     |

**54. Ingrese el número de personas en su hogar (incluyéndose a usted)**

**55. ¿Cuál es su estado laboral? (Seleccione todas las opciones que corresponden).**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Fuerzas Armadas |
|  | <input type="checkbox"/> Retirado                  | <input type="checkbox"/> Discapacitado   |
|  |  | <input type="checkbox"/> Estudiante      |

<input type="checkbox"/>	Ama de casa	<input type="checkbox"/>	Desempleado 1	<input type="checkbox"/>	Desempleado por más de 1
<input type="checkbox"/>	Trabajadores por	año o menos		año	
cuenta propia					

**56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)**

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

**57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.**

[¡Gracias por su tiempo y participación!](#)

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).



## Focus Group Questions

**Participants' Resident County(ies):**

**Focus Group Name / Number:**

**Date Conducted:**

**Location:**

**Start Time:**

**End Time:**

**Number of Participants:**

**Population Type (if applicable):**

**Moderator Name:**

**Moderator Email:**

**Note Taker Name:**

**Note Taker Email:**

### Core Questions

**1. Introduce yourself and tell us what you think is the best thing about living in this community.**

**2. What do people in this community do to stay healthy?**

***Prompt: What do you do to stay healthy?***

**3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?**

**4. What keeps people in your community from being healthy?**

***Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?***

**5. What could be done to solve these problems?**

***Prompt: What could be done to make your community healthier? Additional services or changes to existing services?***

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

#### **Additional Questions**

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

*Prompt: Specific strengths related to healthcare?*

*Prompt: Specific strengths to a healthy lifestyle?*

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

## Key Themes

**Summarize the top 2-3 themes from this focus group discussion.**

1.

2.

3.

## Appendix C. Community Resources

### **Camden County Sheriff's Office**

117 North NC 343  
Camden, NC 27921  
Phone: 252-338-5046  
Fax: 252-335-4300

### **Fire Departments**

<http://www.firedepartment.net/directory/north-carolina/camden-county>

### **South Camden Fire Department**

117 NC Highway 343 N  
PO Box 327  
Camden, NC 27921  
Phone: (252) 338-3722  
Fax: (252) 338-3722

### **South Mills Volunteer Fire Department**

105 Halstead ST  
South Mills, NC 27976  
Phone: (252) 771-2772

### **Public Libraries**

There are two public libraries that serves the people of Camden County:

#### **Camden County Library**

104 Investor's Way Units CDEF  
Camden, NC 27921  
252-331-2543  
Fax: 252-331-2196  
Email: [camdenlibrarian@earlibrary.org](mailto:camdenlibrarian@earlibrary.org)

#### **Pasquotank-Camden Public Library**

100 E Colonial Ave, Elizabeth City, NC 27909  
Phone: (252) 335-2473

Website: <http://library.earlibrary.org/pasquotank/>

### **Camden County Senior Center**

117 Nc Highway 343 N, Camden, NC 27921  
252-338-6363

<http://www.camdencountync.gov/departments/senior-center>

### **Other Community Services and Organizations**

Camden County Community Resource Directories and Guides Camden County Government Directory of Services Alphabetical list of live links to services provided by the county. Portal: <http://www.camdencountync.gov/>

### **Social Services**

PO Box 70  
117 NC Hwy 343 North  
Camden, NC 27921  
Phone: 252-331-4787

### **NC Cooperative Extension**

#### **Camden County Center**

120 NC Hwy 343 N  
Camden, NC 27921  
Phone: 252-331-7630  
Fax: 252-338-0277  
Website: <https://camden.ces.ncsu.edu/>

### **Albemarle Smart Start Partnership Community Resource Guide**

Searchable on-line directory of programs and services available throughout the Albemarle Region. Currently catalogs annotated listings for 125 local and regional agencies and organizations. Portal; <http://albemarleacf.org/news-events/links.html> Also available as a printable version—scroll down to Resource Guide PDF to view the Community Resource Guide below or [download it](#).

### **Albemarle Alliance for Children and Families—Formerly known as Albemarle Smart Start Partnership, INC.**

1403 Parkview Drive  
Elizabeth City, NC 27909  
Phone: 252-333-1233  
Fax: 252-333-1201  
Email: [contact@albemarleacf.org](mailto:contact@albemarleacf.org)

Website: <http://albemarleacf.org/>

Mission: Albemarle Alliance for Children and Families builds the capacity of families, communities and schools, to prepare the next generation for academic, emotional, social and economic success in a global world.

**Learn more and get involved.**

Vision Statement: All Albemarle children are given the support needed to reach their full potential as adults, thereby ensuring the long-term economic vitality of the region's families, communities and companies in a globally competitive world.

### **North Carolina Arts Council the NC Arts Council**

Maintains a resource list of cultural, arts, and civic organizations that is searchable by county. Portal: [http://search.ncarts.org/localarts\\_search.php](http://search.ncarts.org/localarts_search.php)

### **Public Schools**

#### **Camden High School**

103 US Hwy 158 West

Camden, NC 27921

Phone: 252-338-0114

Email: [webmaster@camden.k12.nc.us](mailto:webmaster@camden.k12.nc.us)

Website: <http://cchs.ccsnc.org/>

#### **Camden Intermediate**

123 Noblitt Drive

Camden, NC 27921

Phone: 252-335-7808

Fax: 252-335-4327

Email: [webmaster@camden.k12.nc.us](mailto:webmaster@camden.k12.nc.us)

Website: <http://cis.ccsnc.org/>

#### **Camden Middle**

248 Scotland Road

Camden, NC 27921

Phone: 252-338-3349

Fax: 252-331-2253

Email: [webmaster@camden.k12.nc.us](mailto:webmaster@camden.k12.nc.us)

Website: <http://cms.ccsnc.org/>

**CamTech High School**

103A US Hwy 158 West

Camden, NC 27921

Phone: 252-335-7219

Email: [webmaster@camden.k12.nc.us](mailto:webmaster@camden.k12.nc.us)

Website: <http://cths.ccsnc.org/>

**Grandy Primary**

175 North Hwy 343

Camden, NC 2791

Phone: 252-331-4838

Fax: 252-338-5449

Email: [webmaster@camden.k12.nc.us](mailto:webmaster@camden.k12.nc.us)

Website: <http://gps.ccsnc.org/>

**Private Schools****New Life Academy**

1958 N. Road Street

Elizabeth City, NC 27909

Phone: 252-335-5812

Website: <http://www.newlifeacademyec.com/>

**Victory Christian School**

684 Old Hertford Hwy

Elizabeth City, NC 27909

Phone: 252-264-2011 or 252-264-2468

Email: [info@victorybaptistministries.com](mailto:info@victorybaptistministries.com)

Website: <http://www.victorybaptistministries.com/about-our-school.html>

**Albemarle School**

1210 US Hwy 17 South

Elizabeth City, NC 27909

Phone: 252-338-0883

Website: <http://thealbemarleschool.org/>

**Higher Education**

**Chowan University**

One University Dr.  
Murfreesboro, NC 27855  
Phone: 252-398-6436  
Toll-Free: 1-888-4-CHOWAN  
Fax: 252-398-1190  
Website: <https://www.chowan.edu/>

**Martin Community College - Bertie Campus**

409 West Granville St.  
Windsor, NC 27983  
Phone: 252-794-4861  
Website: <http://www.martincc.edu/>

**Martin Community College - Williamston Campus**

1161 Kehukee Park Rd.  
Williamston, NC 27892  
Phone: 252-792-1521  
Fax: 252-792-0826  
Website: <http://www.martincc.edu/>

**Roanoke Chowan Community College**

109 Community College Rd.  
Ahoskie, NC 27910  
Phone: 252-862-1200  
Website: <https://www.roanokechowan.edu/>

**College of the Albemarle - Elizabeth City Campus**

1208 N. Road St  
PO Box 2327  
Elizabeth City, NC 27909  
Phone: 252-335-0821  
Fax: 252-335-2011  
Website: <https://www.albemarle.edu/>

**College of the Albemarle - Dare County Campus**

132 Russell Twiford Road  
Manteo, NC 27954



Phone: 252-473-2264

Fax: 252-473-5497

Website: <https://www.albemarle.edu/for-the-community/locations/dare-county-campus/>

**College of the Albemarle - Roanoke Island Campus**

205 Highway 64 S.

Manteo, NC 27954

Fax: 252-473-6002

Website: <https://www.albemarle.edu/for-the-community/locations/dare-county-campus/>

**College of the Albemarle - Edenton-Chowan Campus**

800 N. Oakum St

Edenton, NC 27932

Phone: 252-482-7900

Fax: 252-482-7999

Website: <https://www.albemarle.edu/for-the-community/locations/edenton-chowan-campus/>

**Regional Aviation & Technical Training Center**

107 College Way

Barco, NC 27917

Phone: 252-453-3035

Fax: 252-453-3215

Website: <https://www.albemarle.edu/for-the-community/locations/regional-aviation-technical-training-center/>

**East Carolina University**

East Fifth Street

Greenville, NC 27858

Phone: 252-328-6131

Website: <http://www.ecu.edu/>

**Albemarle Hopeline, Inc.**

Albemarle Hopeline, a private, non-profit organization founded in 1981, is the only program of its kind in the Albemarle region, with outreach through four satellite offices (Chowan, Currituck, Gates and Perquimans counties), a shelter/direct service facility, and a thrift store. The agency is guided by the mission of “providing comprehensive direct and preventive services to victims of family violence, sexual assault and teen dating violence” in the counties of Camden, Chowan, Currituck, Gates, Pasquotank and Perquimans.

Services include: 24-hour crisis line; emergency Hope House shelter; food, clothing and transportation; crisis intervention; court advocacy; individual and group counseling for adults and children; Displaced Homemaker Program; information and referral; outreach; and prevention through awareness and education to school, church and civic groups and the community-at-large. Since the opening of an enlarged 14,200 square foot Hope House facility in 2006, Hopeline has been able to consolidate services to both residential and non-residential victims, and improve coordination and effectiveness. All services are designed to meet basic safety needs of victims of domestic and sexual violence, empowering them to establish and maintain healthy, violence-free lives.

Mailing address:

PO Box 2064

Elizabeth City, NC 27906

Phone: 252-338-5338

24-hour crisis line: 252-338-3011

Fax: 252-338-2952

Website: [www.albemarlehopeline.org](http://www.albemarlehopeline.org)

#### **Hopeline's Clothesline Thrift Store**

923 Halstead Blvd

Elizabeth City, NC

Phone: 252-338-3107

#### **Non-Profit**

##### **Wheels For Wishes**

Nonprofit car donation program that helps charities such as local chapters of Make-A-Wish.

Phone: 1-855-922-9474

Website: <http://eastnc.wheelsforwishes.org/>

##### **Northeastern SPCA**

102 Enterprise Dr.

Elizabeth City, NC 27909

Phone: 252-338-5222

Hours: Closed Tuesdays / Wed to Fri 11-6 pm / Sat to Mon 11-3:30 pm

Website: <http://spcaofnenc.org/>

##### **Kids First Inc.**

Evaluation and treatment services for children who have been abused or neglected.

1825 West City Drive, Suites A&B  
Elizabeth City, NC 27909  
**Phone:** (252) 338-5658  
**Fax:** (252) 338-0879  
**Website:** <http://www.kidsfirstinc.org/>

#### **Other Points of Interest**

##### **Elizabeth City/Pasquotank County Economic Development Commission**

405 East Main Street, Suite 4  
Elizabeth City, NC 27909  
Phone: 252-338-0169  
Toll-Free: 1-888-338-1678  
Fax: 252-338-0160  
Email: [info@elizabethcitypasquotankedc.com](mailto:info@elizabethcitypasquotankedc.com)  
Website: <http://elizabethcitypasquotankedc.com/>

##### **Elizabeth City Chamber of Commerce**

502 East Ehringhaus Street  
Elizabeth City, NC 27909  
Phone: 252-335-4365  
Fax: 252-335-5732  
Email: [dayna@elizabethcitychamber.org](mailto:dayna@elizabethcitychamber.org)  
Website: <http://www.elizabethcitychamber.org/>

##### **North Carolina Highway Historical Marker Program**

<http://www.ncmarkers.com/Home.aspx>

##### **Battle of South Mills**

Confederates repelled Union Army in 1862, prevented demolition of Dismal Swamp Canal locks.

NC 343 southeast of South Mills  
Camden, NC

##### **Dismal Swamp Canal**

Connects Albemarle Sound with Chesapeake Bay.  
1243 (Old NC 343) at South Mills

Camden, NC

Other Results listed at <http://www.ncmarkers.com/search.aspx>

### **Camden County Heritage Museum**

The museum is housed in the former Camden County jail. It is well preserved, documents the history of Camden County, and local methods of incarceration in the early 1990s.

117 North NC Hwy 343  
Camden, NC 27976

Mailing Address:

2356 Hwy 17 N  
Camden, NC 27976

Phone: 252-771-8333

Toll-Free: 877-771-8333

Email: [dscwelcome@camdencountync.gov](mailto:dscwelcome@camdencountync.gov)

### **Parks and Recreation Department**

Develops recreation programs, resources, special events, coordinating the expansion of Community Park including walking trails, regulation high school track, picnic shelter, playground, and parking areas.

117 North NC 343  
PO Box 190  
Camden, NC 27921  
Phone: 252-338-1919

### **Subdivision Walking Maps**

<http://www.camdencountync.gov/departments/parks-recreation/subdivision-walking-maps>

### **Camden County Activities and Programs**

<http://www.camdencountync.gov/departments/parks-recreation/athletics>

### **Dismal Swamp State Park**

2294 US 17 North

South Mills, NC 27976  
Phone: 252-771-6593  
Email: [dismal.swamp@ncparks.gov](mailto:dismal.swamp@ncparks.gov)  
Website: <http://www.ncparks.gov/dismal-swamp-state-park>

**Dismal Swamp Canal Welcome Center**

US Hwy 17N  
South Mills, NC 27976

Open Daily 9am-5pm

Website: [www.dismalswampwelcomecenter.com](http://www.dismalswampwelcomecenter.com)

Camden County Dismal Swamp 2016 Brochure: <http://dismalswampwelcomecenter.com/wp-content/uploads/2013/07/CamdenBrochure2016pdf.pdf>

**Camden Community Park**

175 N Carolina Hwy 343 S  
Camden, NC 27921

Facebook Page: <https://www.facebook.com/pages/Camden-Community-Park/150236095039528>

**Partnerships to Improve Community Health (PICH)**

This project focuses on addressing risk factors for chronic disease with coalitions compiled of representatives from health departments, faith-based institutions, local governments, community colleges, health and human service agencies, and community organizations which will implement strategies to reduce secondhand smoke exposure and improving nutrition

Website: <http://healthync.org/>

**Farmers Markets, Farmstands, and Roadside Stands (4)**

**Bray's Farmstand**

442 East Hwy 158  
Camden, NC 27921  
Phone: 252-338-0240

**Poor Boys**

US Hwy 158

Camden, NC 27921  
252-335-1335

**Huck's Produce**

NC 343 N 783  
Camden, NC  
Phone: 252-312-6487

**William's Strawberries**

1383 North 343  
Camden, NC  
Franklin Williams Phone: 252-771-2647

**Hospital**

There is no hospital in either Camden County or Pamlico County.

**Hospitals in Surrounding Areas**

**Bertie County - Vidant Bertie Hospital**

1403 South King Street  
PO Box  
Windsor, NC 27983  
Phone: 252-794-6600  
Website: <https://www.vidanthealth.com/bertie/>

**Vidant Family Medicine – Windsor**

Located at the Vidant Bertie Hospital  
Phone: 252-794-6775

**Chowan County - Vidant Chowan Hospital**

211 Virginia Road  
P.O. Box 629  
Edenton, NC 27932  
252-482-8451  
Website: <https://www.vidanthealth.com/chowan/>

**Vidant Pediatrics - Edenton**

203 Earnhardt Drive  
Edenton, NC 27932  
252-482-7407

**Vidant Family Medicine - Edenton**

201 Virginia Road  
Edenton, NC 27932  
252-482-2116

**Vidant Internal Medicine & Cardiology - Edenton**

105 Mark Drive  
Edenton, NC 27932  
252-482-3047

**Vidant Women's Care - Edenton**

203-A Earnhardt Drive  
Edenton, NC 27932  
252-482-2134

**Vidant General Surgery - Edenton**

203-B Earnhardt Drive  
Edenton, NC 27932  
252-482-5868

**Dare County - The Outer Banks Hospital, Inc.**

4800 S. Croatan Hwy  
Nags Head, NC 27959  
Phone: 877-359-9179  
Website: <https://www.theouterbankshospital.com/>

**Cancer Care**

4810 South Croatan Hwy, Suite 220  
Nags Head, NC 27959

**Hertford County - Vidant Roanoke-Chowan Hospital**

500 South Academy Street

PO Box 1385

Ahoskie, NC 27910

Phone: 252-209-3000

Website: <https://www.vidanthealth.com/roanokechowan/>

**Martin County - Martin General Hospital**

310 S. McCaskey Rd., Williamston, NC 27892

Phone: 252-809-6300

Website: <http://www.martingeneral.com/Martin-General-Hospital/Home.aspx>

**Pasquotank County – Sentara Albemarle Medical Hospital**

1144 N. Road Street

Elizabeth City, NC 27909

Phone: 252-335-0531

Website: <http://www.sentara.com/albemarle-north-carolina/hospitalslocations/locations/new-sentara-albemarle-medical-center.aspx>

**Pitt County - Vidant Medical Center**

2100 Statonsburg Rd

PO Box 6028

Greenville, NC 27835

Phone: 252-847-4100

Website: <https://www.vidanthealth.com/medicalcenter/services.aspx>

**Washington County - Washington County Hospital**

958 US Hwy 64 East

Plymouth, NC 27962

Phone: 252-793-4135

Website: <http://wchonline.com/Home.aspx>

Residents of Camden County also seek medical services in southeastern VA, primarily in the area referred to as the Tidewater Region.

Visit <http://www.theagapecenter.com/Hospitals/Virginia.htm> for a list of hospitals in Virginia.

**Pasquotank-Camden Emergency Medical Service**



Located in Sentara Albemarle Medical Center  
1144 -C North Road Street  
Elizabeth City, NC 27909  
Phone: 252-335-1524  
Website: <http://www.pasquotankcamdenems.com/>

**Public Health Department:**

**Albemarle Regional Health Services**

Albemarle Regional Health Services (ARHS) is a regional Public Health agency in rural, northeastern NC serving the eight counties of Bertie, Camden, Chowan, Currituck, Gates, Hertford, Pasquotank and Perquimans. ARHS has provided over 70 years of service to the Albemarle Region. The regional Public Health agency provides the following healthcare services: immunizations, diabetes care and management, women's preventive health, maternal health, including high-risk perinatal services, pregnancy care management, child health, WIC and nutrition counseling, pediatric asthma management, services for people with communicable diseases including STDs, HIV disease specialty clinic, adult day health care, behavioral health, children's developmental services, Public Health preparedness and response, public information, and interpreter assistance. Albemarle Regional Health Services also administers the following programs: Environmental Health, Regional Landfill, Solid Waste Authority and Recycling, LifeQuest Worksite Wellness, and the Inter-County Public Transportation Authority. The more than 29 ARHS operational sites are completely networked by technology to increase the efficiency and effectiveness of service delivery across the agency.

**Camden County Health Department**

The Health Department offers clinical services such as adult health, child health, immunizations, general communicable disease, sexually transmitted disease, women's preventive health, and maternal health. Other services are Women, Infants and Children (WIC), Diabetes Care, Health Education and Health Promotion, Environmental Health Services, Public Health Preparedness and Response, Inter-County Public Transportation Authority (ICPTA), and Children's Developmental Services Agency.

160 U.S. 158, Building B  
Camden, NC 27921  
Phone: 252-338-4460  
Website: <http://www.arhs-nc.org>

**Federally-Qualified Health Centers (FQHC)**

The US Health Resources and Services Administration (HRSA) lists no FQHC in Camden County. However, HRSA lists FQHC in Albemarle Region of NC.

**Gateway Community Health Center – Tyner Clinic**

Located in the Northern Chowan Community Center  
2869 Virginia Rd, Tyner, NC 27980

Phone: 252-221-2171

This clinic provides primary care to patients 18 years old and up. Services include sick visits, wellness and preventative visits, chronic disease management, health education, and laboratory testing. Staff includes a full time Adult Nurse Practitioner, a Registered Nurse, and support personnel.

### **Gateway Community Health Center of Gatesville**

501 Main St, Gatesville, NC 27938

Phone: 252-357-1226

This clinic provides primary and minor emergency care for patients of all ages, including babies and children. Services include sick visits, wellness and preventative visits, chronic disease management, health education, stitches, X-rays, and laboratory and EKG testing. Staff includes a full time Family Practitioner medical doctor, a Family Nurse Practitioner, nurses, and support personnel

### **Colerain Primary Care**

109 W River St, Colerain, NC 27924

Phone: 252-356-2404

Website: <http://rcchc.org/colerain-primary-care.html>

### **Adolescent Care Clinic**

This clinic provides primary care to students 10 to 19 years old and school faculty. Services include sick visits, wellness and preventative visits, chronic disease management, sports physicals, mental health counseling, health education, and laboratory testing. Staff includes a halftime Family Nurse Practitioner, a Registered Nurse, and a Licensed Practical Nurse.

88 US-158

Gatesville, NC 27938

Phone: 252-357-1244

Open during the school year only

Monday-Friday 8am-4:30pm

Fees: Based on sliding scale

### **Migrant and Seasonal Farm Worker Program**

#### **Nuestra Casa de la Comunidad Hispana**

This center provides assistance and health programing focused on the local farm worker and Hispanic communities. Services include medical field clinics with a bilingual Case Manager, Outreach Worker and Registered Nurse/Family Nurse Practitioner providing health assessments and

immunizations as well as HIV testing and TB skin testing; assistance in accessing existing health resources from both public agencies and private organizations; case management; interpretation services; advocacy; health education; and a tutoring program for grades K-5.

510 S. Martin Luther King Dr.

Elizabeth City, NC 27909

Phone: 252-384-2651

Hours: Afternoons at various sites in the Elizabeth City area

Fees: Based on a sliding scale

### **Community Care of Eastern North Carolina (CCPEC)/ Carolina ACCESS**

Phone: 252-847-9428

<https://www.accesseast.org/ae-contact-us/>

### **Trillium**

Manages mental health, substance use, and intellectual/development disability services in a 24-county area. Trillium partners with agencies and licensed therapists to offer services and support to people in need within their community.

Crisis Care & Service Enrollment: 1-877-685-2415

Email: [info@trilliumnc.org](mailto:info@trilliumnc.org)

Website: <http://www.trilliumhealthresources.org/>

### **Trillium Access Point**

Anonymous, evidence-based, self-conducted screenings online 24hrs a day for depression, bipolar disorder, post-traumatic stress disorder, eating disorders, and alcohol use disorders.

Available in English and Spanish, provides local referral information, and includes learning and resource section.

Website: <http://www.trilliumhealthresources.org/en/Community-Partnerships/Trillium-Initiatives/Access-Point/>

### **Long-Term Care Facilities**

#### **Needham Adult Care Home**

916 N Sandy Hook Rd

Shawboro, NC 27973

Phone: 252-336-2700

### **Dentists**

**Dr. Francis A. Bald & Associates****Physicians-Oral Surgeons**

1221 Carolina Avenue Suite 4

Elizabeth City, NC 27909

Phone: 252-338-8077

Fax: 252-335-1024

**Regis Dandar**

217 S. Poindexter St

Elizabeth City, NC 27909

Phone: 252-335-4421

Fax: 252-264-5465

**Morgan Family Dentistry**

153 Worth Guard Rd

Coinjock, NC 27923

Phone: 252-453-2181

Fax: 252-453-2325

10-A Juniper Trail

Kitty Hawk, NC 27949

Phone: 252-261-2358

Website: <http://www.morganfamilydentistrync.com/>

**Currituck Dental Clinic**

Located in the parking lot of Mt. Zion Methodist Church in Grandy, NC on Highway 158. Patients are seen by appointment.

Tuesday and Thursday 9am-5pm

Phone: 252-599-7776

[https://www.freeclinics.com/det/nc-currituck\\_free\\_dental\\_clinic](https://www.freeclinics.com/det/nc-currituck_free_dental_clinic)

Facebook: <https://www.facebook.com/Community-Dental-Clinic-359483430752852/>

**Elizabeth City Dental****Robert T. Gillam, III, D.D.S.**

508 E. Main St. Suite 322

Elizabeth City, NC 27909

Phone: 252-679-2929

Fax: 252-335-4842

Website: [www.elizabethcitydental.com](http://www.elizabethcitydental.com)

### **Dental Transformations**

#### **Dentist and Sleep Specialist**

408 E. Colonial Avenue

Elizabeth City, NC 27909

Phone: 252-335-4341

Website: <http://www.dentaltransformations.com/dental/about/KarenWuertzDDS.html>

### **Complete Dental Care: Jones Jr Clifford B DDS**

407 S Road St

Elizabeth City, NC 27909

Phone: 252-335-0548

### **Griffin Jr. Lloyd E DDS**

207 E. Church St.

Elizabeth City, NC 27909

Phone: 252-335-7534

### **Other Camden County Healthcare Practitioners/Practices**

Partial list of healthcare practitioners and practices in Camden County that are not affiliated with one of the region's hospitals.

#### **Albemarle Family Practice**

160 US Hwy 158 E

Camden, NC 27921

Phone: 252-334-9527

#### **Michelle Creech, Speech-Language Pathology**

152 Country Club Rd

Camden, NC 27921

Phone: 252-335-7808

#### **Delaine Tanis, Speech-Language Pathology**

207 Billetts Bridge Rd

Camden, NC 27921  
Phone: 252-336-9957  
Fax: 252-337-7928

**Martha Goodman, Counseling**

111 Sunset Ave #A  
Camden, NC 27921  
Phone: 252-336-2457

**Lynn Olsefski, Social Work**

1321 1<sup>st</sup> St W  
Ahoskie, NC 27910  
Phone: 252-209-8932  
Fax: 252-209-8933

**Other Albemarle Resources**

**East Carolina Behavioral Health**

1708 E. Arlington Blvd  
Greenville, NC 27858  
Phone: 252-695-6400  
Fax: 252-215-6881  
24-hour Access/Crisis Number: 877-685-2415

**Albemarle Pregnancy Resource Center and Clinic**

201 E. Ehringhaus St.  
Elizabeth City, NC 27909  
Phone: 252-338-1655  
Monday through Thursday 9am-4pm  
Website: <http://albemarleprc.org/>

**Other Health Services**

**Albemarle Smart Start Partnership Community Resource Guide**

Searchable on-line directory of programs and services available throughout the Albemarle Region. Currently catalogs annotated listings for 125 local and regional agencies and organizations. Portal; <http://albemarleacf.org/news-events/links.html> Also available as a printable version—scroll down to Resource Guide PDF to view the Community Resource Guide below or [download it](#).

**Albemarle Alliance for Children and Families—Formerly known as Albemarle Smart Start Partnership, INC.**

1403 Parkview Drive  
Elizabeth City, NC 27909  
Phone: 252-333-1233  
Fax: 252-333-1201  
Email: [contact@albemarleacf.org](mailto:contact@albemarleacf.org)  
Website: <http://albemarleacf.org/>

Mission: Albemarle Alliance for Children and Families builds the capacity of families, communities and schools, to prepare the next generation for academic, emotional, social and economic success in a global world.

**Learn more and get involved.**

Vision Statement: All Albemarle children are given the support needed to reach their full potential as adults, thereby ensuring the long-term economic vitality of the region's families, communities and companies in a globally competitive world.

### **Child Care Centers**

[www.childcarecenter.us](http://www.childcarecenter.us)

Camden County Childcare Referral Agency:

Albemarle Smart Start Partnership

#### **Precious Gifts Educational Center, LLC**

149 US Hwy 158 W.

Camden, NC 27921

Phone: 252-337-7434

#### **Camden Co. NC Pre-Kindergarten Program**

175 Hwy 343 North

Camden, NC 27921

Phone: 252-335-0831

### **Home Day Care**

#### **Cradle to Crayons Learning Center**

Otters Place

South Mills, NC 27976

Phone: 757-759-5078

### **Kay's Child Care**

Chantily Rd.

Camden, NC 27921  
Phone: 252-338-9503

**Camden County Schools: After School Daycare**

Download the PDF version of the After School Daycare documents at:  
<http://ccsnc.org/departments/school-daycare/>

**NC Licensed Mental Health Facilities**

**Life, Inc.**

258 Wickham Rd  
Shiloh, NC 27974  
Phone: 252-336-4142

**The Scott House**

Life, Inc.  
801 Second Street; Elizabeth City, NC 27909  
(252)338-1304